

AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. XVII. }
VOL. II. } NEW SERIES. NEW YORK: SATURDAY, APRIL 27, 1861.

{ Mail Subscribers, \$3 per Ann.
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Original Lectures.

LECTURES ON DIPHTHERIA.

DELIVERED IN THE COLLEGE OF PHYSICIANS AND SURGEONS,
NEW YORK.

BY

A. CLARK, M.D.,

PROFESSOR OF PATHOLOGY AND PRACTICE OF MEDICINE.

LECTURE III. PART II.

Croup and diphtheria different diseases; the French authors with but few exceptions regard them as the same; Cullen describes diphtheria under the name of cynanche maligna, and draws the distinction between it and croup; points of difference not noticed by Cullen, diphtheria and scarlet fever distinct, though often concurrent; the double disease occasionally seen when diphtheria was not epidemic; Fothergill's epidemic was a union of the two; the one does not protect against the other. The influences that produce diphtheria seem to cause disease among the domesticated animals. Diphtheria chronic as well as acute.

We come now to the inquiry whether diphtheria and croup are one disease. The latter term, since it was first proposed by Dr. Home, of Edinburgh, in 1765, has been used to distinguish a well known membranous inflammation of the air passages. The disease has in all probability always existed, though Dr. Home, when he gave it the new name, supposed it was peculiar to Scotland. Bretonneau, Trouseau, and, indeed, most of the French writers, make no distinction between these diseases, and with great uniformity speak of tracheal diphtheria as croup. But English and American physicians regard diphtheria as altogether a distinct affection. I have a manuscript copy of the lecture of Dr. Cullen, delivered in 1772, seven years after the publication of Dr. Home's treatise on croup. The distinction which he draws between the two diseases in his seventy-eighth and seventy-ninth lectures, embraces so many of the points that I had noted before it occurred to me to consult this manuscript, that I am tempted to present my own views, if I may so express myself, in his language. The term cynanche, or angina maligna, used in the following extracts, is now understood to be nothing more or less than the diphtheria of Bretonneau; and the disease described by Dr. Baird, under the name angina suffocativa, I shall show further on, is the same affection. The sloughs here spoken of are the diphtheritic membranes. Speaking of croup, or cynanche laryngea, or trachealis, he says: "I find the disease is confounded with the angina maligna, and authors are disputing whether it is one and the same disease. There is no one with whom I would be more averse to enter into dispute than my good friend and pupil Dr. Baird, of New York, who has given a dissertation to prove that angina suffocativa, and that plainly and without any doubt, is the malignant angina, only he takes it into his head to prove that it is the same with the croup of Dr. Home. I can explain the matter and resolve the whole difficulty easily, I think. It frequently happens that cynanche maligna, which has its first and principal seat on the mucous membrane of the tonsils and uvula, very often communicates itself and spreads downwards to the glottis and trachea, and to a considerable length in the bronchia, and there it is attended with the same sloughs that happen in the fauces, and will produce all the symptoms of cynanche stridula or trachealis; but every practitioner of this country is well assured that cynanche trachealis occurs without the symptoms of the other disease." In croup "there is commonly no tumor or redness in the fauces, but this is not universal, for some degree of it appears about the root of the tongue and epiglottis, and sometimes even considerably affecting the tonsils and mucous membrane. What is particularly to be attended to, it is without any of the gangrenous

symptoms of angina maligna; it is without any febrile anorexia, and considerable sickness and vomiting; it is not attended with any coryza or discharge of such acid matter." "The cynanche maligna is of a spreading nature. It appears, first, often on a very small spot in the fauces, comes forward upon the palate and cheeks, and even spreads over the whole fauces and downward into the larynx," &c. "Cynanche maligna I think universally begins in the exterior (visible) fauces." "I am disposed to add another distinction, but with some uncertainty and doubt. I take the one disease to be constantly contagious, very rarely occurring in any other shape as *sporadic*. If it comes into a family where there is a number of children, it affects the whole; or if it comes into a country it commonly becomes epidemic. But with regard to cynanche laryngea or trachealis, on the other hand, it is a *sporadic disease*." "It is certain that we have seen it in fifty instances affecting a single child of a family or neighborhood. This I have seen to be the case with our croup, and I am much persuaded that it is not naturally, but when combined with some other contagious affection, that it appears as an epidemic."

These quotations will show how well the distinction was drawn by the first observer of his time, nearly a hundred years ago, and how well Bretonneau's diphtheria or diphtherite was understood in his day. But even Cullen does not exhaust the argument. There is no physician in this city, whatever his age may be, who has seen an epidemic of diphtheria, till within the last three years, and yet all are familiar with croup (cynanche trachealis). Until three years ago, nobody had seen croup of the nasal passages, or croupous membrane in the cesophagus, or in the mouth, on the gums, in the vagina or rectum, or on the skin. For these are the accidents of diphtheria, and not of croup. The formidable sequelæ of diphtheria, already explained, are novelties even to those who have had the widest observation in croup. Croup is a terribly fatal disease, yet in a city so large as this there are many recoveries. I may appeal to the experience of New York physicians and say that, till the recent epidemic, we have not known a croup that entailed, during convalescence, long continued alteration of the voice; paralysis more or less complete of the muscles engaged in deglutition; hemiplegia; strabismus; impaired vision; numbness and tingling in the feet and hands, followed by general paralysis more or less complete; anæsthesia of parts, and sometimes large portions of the body; long continued anæmia, or any one of them. We know no form of croup that terminates in a fatal cyanosis without apnoea; or in hemorrhage and purpura; or in gradual sinking without apparent cause, or in sudden collapse when all the symptoms promise recovery; or in convulsions or coma under the same circumstances. Yet we have seen all these things in diphtheria, and some, alas! too often. In croup the danger is the direct ratio of the severity of the local inflammation, the membranous trachitis, or the bronchitis or pneumonia that follows after. In diphtheria when it is tracheal, the urgent danger is the same as in croup; but if the membrane is discharged, there is little fear of fatal bronchitis or pneumonia. Collapse occurs in croup, but it is while the membrane is still attached or directly after it is removed; there are no prolonged intervening periods of improvement. But the great destructive fact is yet to be stated. It is that in diphtheria a much greater number of children die among those whose air-passages have not been touched by the disease, and whose breathing has not been embarrassed for a single minute, than among those suffering from tracheal obstruction. Mark, I do not say a larger proportion, but a great number. There is no variety of diphtheria so murderous as the tracheal. Croup itself does not surpass it in fatality. But fortunately it is not the most common form. There are probably eight or ten cases of tonsillar, pharyngeal, nasal, and cesophageal diphtheria in which the membrane does not extend to the larynx and trachea, for one in which it does. Now, while it is out of this larger class that most of the recoveries occur, this same class still furnishes the greater mortality. We

may say then that diphtheria destroys more than half its victims by methods entirely unknown to croup. By way of parenthesis I must say what was omitted in its proper place—that the extraordinary swelling of the cervical glands, so common in diphtheria, is unknown in croup. In diphtheria it is rare that there is not some external swelling, often it is enormous. In croup, if it occurs at all, it is so infrequent or so slight as not to form a feature of the disease. I believe you will search in vain through the best English and American description of the disease for any mention of it. Finally, let me add that croup has been regarded as a disease of childhood so that instances of it in adults have been long cited as medical curiosities, and that diphtheria, though it is emphatically a disease of childhood, does not spare adults or even the aged.

In view of all these facts can you doubt that croup and diphtheria are different affections? Is not the first what it has been held to be since the time of Home, a local affection; and the other what a world of facts proclaim it, a general disease, or, to use a favorite phrase, "the result of a blood poison," "a blood disease." *Call it epidemic croup if you will*, but do not fail to add, that it has distinctive, cardinal features, unknown to sporadic croup.

There is still another question to be answered: Is not diphtheria really scarlet fever without eruption? This question is not often asked by those who have formed a practical acquaintance with the disease. Nobody can read the descriptions of Bretonneau and Trousseau, and suppose that their diphtheria was in any manner dependent on scarlet fever poison; but while we had not yet seen it here, I confess there was lurking in my own mind a suspicion that the sore throats which adults often experience when attending children sick with scarlet fever, had become generalized and were epidemic at Halifax and at Albany. The error did not long survive an actual acquaintance. It is true that from Fothergill to Cullen, the physicians of the British islands confounded angina maligna and scarlet fever, holding that the throat disorder was attended by an eruption; but they attacked the eruption to the sore throat, and overlooked the scarlet fever entirely. We now know, or think we know, that their disease was a union of the two, which occurred as a wide-spread epidemic, lasting for many years. We are familiar with this union, as you have already learned. It occurs occasionally now. But the disease which was noticed in France about the end of the first quarter of the present century, and reached this continent a few years ago, has for the most part been entirely independent of scarlet fever. Yet when this exanthem is prevailing epidemically at the same time with diphtheria they will sometimes concur in the same person. Indeed, something more than this may be said. •During the twenty-six years that I have been in the profession, I have seen, perhaps ten, perhaps fifteen times, I cannot say exactly how often, the sore throat of scarlet fever become covered with a white or greyish membrane in the later period of the eruption; soon the croupy breathing, cough, and voice have followed. In some of the fatal cases, for most of them were such, a post-mortem examination has been allowed, and has disclosed a membrane lining the air passages, more or less extensively, which in its general and microscopical characters was the same as the exudations described in my first lecture. This has occurred without any general outbreak of diphtheria, and without any noticeable increase in the cases of croup. This complication would occur in two or more children of the same family. In other words, we have seen the malignant sore throat of Fothergill and Cullen occasionally in single families, but not prevailing as an epidemic.

Acknowledging the alliance here stated, and as it has been explained in an earlier lecture, I will now attempt to convince you that diphtheria and scarlet fever are distinct diseases. It is only in exceptional instances that there is any eruption in the course of diphtheria, and then scarlet fever is prevailing, and, for the most part, exists in other members of the family, without the membranous disease; or,

admitting the statement of the Lancet Commission, it is in rare epidemics attended by an efflorescence of its own with which scarlatina "has nothing in common," still the great fact stands out prominently from almost all the histories of extensive epidemics, that diphtheria has no eruption. It has indeed none of the symptoms of scarlatina, except the febrile movement and the sore throat. The "strawberry tongue," almost invariably present in scarlet fever, does not exist. There is no cutaneous desquamation. There is no subsequent anasarca. Diphtheria has no definite "periods." It is not, in the sense scarlet fever is, a self-limited disease. Its period of invasion is from twelve hours to fourteen days; and the duration of its characteristic period varies as much. On the other hand, scarlatina does not count among its sequelae the paralytic affections just now enumerated. It has neither the slow exsanguine convalescence of severe diphtheria, nor the ephemeral duration and rapid recovery of many of the milder cases. Then the power these diseases show of modifying each other, when diphtheria is the prior affection, must not be overlooked. You have seen, in the cases already related, that it can delay the eruption; that it can cause the eruption to remain for double its natural period, interfering with the natural succession of stages of the eruptive disease; or that it can be suspended and postponed by scarlet fever, to be renewed after the latter and a kindred disease have run their course. Scarlet fever has no remissions or relapses; diphtheria has both. It is not uncommon to find the membrane on the tonsils, to see it fall off in one or two days with symptoms of amendment, and in two or three days more to discover it anew, attended with graver symptoms than before. Scarlet fever very rarely attacks the same person a second time; the recurrence of diphtheria, after months or a year, is not uncommon. We have seen such cases already in New York. Greenhow has reported numerous instances (p. 111, Lond. ed.). But the most significant fact is still to be related—neither of these diseases has any power to protect the system against the other. Dr. John Watson, in a communication to the New York Academy of Medicine, published in the AMERICAN MEDICAL TIMES, informs us that "In a large family of children, diphtheria affected every child, yet I had previously attended these children with scarlet fever. In another family diphtheria occurred first and scarlatina afterwards." "Several such instances fell under my observation." Statements of similar import can be made by most of our physicians. Greenhow (p. 107 and onward) records examples enough to place the fact beyond all doubt. Finally, diphtheria without eruption has never been suspected of propagating scarlet fever; and scarlet fever without membranous angina has not been charged with producing diphtheria. Diphtheria is the *ulcus Egyptiacum* vel *Syriacum*, *cynanche maligna*, *angina maligna*, *angina gangrenosa*, *morbus suffocans*, *morbus suffocativus*, *angina suffocativa*, the sore throat distemper, the gangrenous sore throat of different authors, but it is not scarlatina.

In our study of the influences that produce diphtheria, it is interesting to notice the rather frequent concurrence of disease among the domestic animals, and the membranous affection in man. The distempers to which I allude have been known by many names, of late more commonly as "the eruptive disease," and "the pulmonary murrain." The eruptive disease has been described as an aphthous ulceration of the mouth, lips, and nose, with vesicles and ulcers on the teats and feet; and in some of the descriptions it is called a malignant angina. The pulmonary murrain, since the examination of its characters made by Prof. Gluge of Brussels, has been known as "exudative pleuro-pneumonia." Dr. James Sims, President of the Medical Society of London in 1787, appears to have been the first English writer that has noticed this concurrence. Referring to that Slaughter of the Innocents which commenced at Naples in 1618, and continued for twenty years, bringing the sore-throat distemper into almost every family in that part of Italy, he says, "It was preceded by a similar disorder among cattle." According to Greenhow, Ghisi, who had

the credit of having first described the membrane of croup (that merit being really due to Villa Real, as will be seen hereafter), as he saw it in an epidemic at Cremona, one hundred and thirteen years ago, found there a disease affecting the air passages of cattle prevailing at the same time. Dr. Wall, quoted by Greenhow, referring to the English epidemic of 1747, says, "This disease has so great a resemblance to the epidemic sickness among cattle, that I am persuaded it is of the same nature." Of the epidemic sore throat of Paris, in 1746, M. Malvain reports that the disease had appeared among cows before children were attacked. Greenhow, speaking of the recent epidemic in England, says, "Both the eruptive and pulmonary murrain have in many districts prevailed contemporaneously with diphtheria." I have myself ascertained this fact with regard to London." He cites many authorities in support of this doctrine of concurrence. He states that the epidemic described by Fothergill and his contemporaries was attended by an epizootic pulmonary murrain, preceded by an eruptive murrain. In 1839 these diseases prevailed among the cattle of England apparently without diphtheria, but it reappeared in 1855-7, almost contemporaneously with the recent epidemic.

It will not fail to impress your minds that an epizooty of pulmonary murrain, or "exudative pleuro-pneumonia," as it was generally denominated in the newspapers, has lately attracted much attention, and has indeed been the subject of legislative action in one or more of the New England States; and that this disease began its ravages among the herds of Massachusetts after diphtheria appeared at Halifax, N. S., while it was prevailing in New York, and before any considerable epidemic manifestations in Massachusetts. I would not have you infer too much from these statements, and many more of the same import given by Greenhow. We do not find evidence that every outbreak of membranous sore throat has been attended or preceded by disease in domestic animals; and one of the statements I have quoted appears to show that these affections may occur in cattle while there is no diphtheria and no threatening of it. But I have said enough to show you that this coincidence is an interesting topic of inquiry, and here, in the present state of our knowledge, we are compelled to leave it.

Diphtheria is not always an acute disease. It sometimes occurs as a chronic affection. A white or bluish-white thin membrane, sometimes diaphanous, is formed on some mucous surface and remains there, or is many times renewed, for weeks. The tissue on which it is produced is not much swollen, but it is red, as can be seen when the exudation is removed, or through its substance, and the redness extends for some distance beyond the patch or band. It is more disposed to fasten itself on the pharynx or arches of the palate than on the tonsils, and has been seen on the gums. It is not a very painful affection, and the constitutional symptoms are not very active. Whether of itself alone, uncomplicated, it is ever fatal, I am not able to say. It has not been so in any of the very few cases that I have seen. I am equally unable to inform you whether the paralytic disorders that sometimes make so unpleasant a part of acute diphtheria are ever noticed in the chronic variety. The disease has not been described by any author, in the limited circle of my reading, though it is occasionally spoken of as occurring, and my own observation is much too limited to enable me to give its natural history. A case occurred at St. Luke's Hospital, during my last term of service in that institution, and the patient died of secondary meningitis under the care of Dr. Heywood, who succeeded me. The history has been drawn up by Dr. Edward B. Dalton, the Resident Physician, and may be published, perhaps, in the same number of the *Times* that will contain this lecture. The patient was a man, forty-eight years of age, who had suffered from sore throat for three months previous to his admission. When first seen he had diffused inflammation of the fauces and larynx, which rendered swallowing difficult and almost destroyed his voice. Although an exudation was noticed in the fauces and pharynx, it was thought to be mucus. Its true character was not recognised for

some days. After that the case attracted considerable attention. Whenever inspected, irregular bands of both white and bluish semi-transparent exudation were seen in the fauces, their length being from above downwards. This membrane was closely adherent, and seemed to have little disposition to fall off, and none to become organized. The throat underwent but little change while under my notice. On the 10th of February, however, when the cerebral symptoms were noticed, the membrane was no longer seen. It is, I think, safe to assume that it lasted for one month, at least, while it is probable it had existed for some time before his admission. It was attended by moderate debility, but not such as to prevent the patient walking about the ward. The mode of his death raises anew the inquiry first propounded by Dr. Gull, of London, whether the diphtheritic inflammation of the fauces may not provoke inflammatory disease in the membranes of the spinal cord in the neck, and from this extend to the meninges of the brain. [For the case in detail, see p. 274 of the present number.—Ed.] According to Bretonneau (Mem. p. 179), Queen Hortense suffered for several months from gingival diphtheria; and he establishes in his own mind the relations of the chronic and acute forms of the disease by the belief that the croup that destroyed her first-born, and the diphtheria which afterwards terminated in a few days the life of the Empress Josephine, were both derived from that chronic affection of the gums. But I must dismiss this topic. I do it, however, with the statement that the history of chronic diphtheria is yet to be written.

Military Surgery.

A COURSE OF LECTURES

DELIVERED AT THE

BELLEVUE MEDICAL COLLEGE HOSPITAL

BY

FRANK H. HAMILTON, M.D.,

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF SURGERY.

LECTURE I. PART I.

Mission of the Military Surgeon. Distinction between Civil and Military Surgery. The necessity for Dispatch and Ingenuity in the treatment of the Wounded. Value of the Services of a Military Surgeon. Feigned Diseases, etc. The Importance of Field Ambulances. Incident in the life of Ambrose Paré. Rescuing the wounded, etc.

GENTLEMEN:—War is the normal condition of mankind; peace is the abnormal condition. This statement is not flattering to a people claiming Christianity and boasting of its civilization; it is nevertheless true, and the fact must be accepted. History is little else than a record of the contentions, conflicts, and conquests of nations. The sword and the cross, conventional emblems of battle-fields, stand as thick upon the round surface of the terrestrial sphere as stars upon the surface of the celestial. Each year, and almost every month in the year, commemorates some new achievement of arms, and places a new symbol upon the map; so that now, in the middle of the nineteenth century, as when Isaiah wrote, it is only in prophetic vision that we see the approach of that happy day when "swords shall be beaten into ploughshares and spears into pruning-hooks, and nations shall not learn war any more."

We must not be surprised, therefore, that a great part of mankind have occupied themselves, and still continue to occupy themselves, in the improvement and perfection of the art of war; nor that it has come at last to take rank almost among the exact sciences. It has been the study especially of kings, princes, governors, statesmen, philosophers, and military chieftains, who have created for it a factitious, but universally conceded, nobility, by virtue of which it takes precedence of all other sciences, while it condescends, in order to the attainment of its selfish ends, to impress them into its service.

But surgery, like many other departments of knowledge,

which have been compelled to submit to this tyranny, and to contribute reluctantly to the perfection of a barbarous art, has, in its application to the purposes of war, we are happy to say, other and more legitimate ends. It is equally the mission of the Military Surgeon to prevent, as far as possible, all useless expenditure of life. In civilized warfare life is spared whenever a firelock is grounded, or an arm is disabled; and, so well is this understood, the wounded soldier does not hesitate to throw himself upon the mercy of his captors for surgical aid, since he is equally certain of receiving succor from the surgical corps of a foe as of a friend. Consider how much this serves to soften the savage aspect of war; that if battles must be fought, the results should be obtained with as little sacrifice of life, with as little mutilation and suffering as possible. The world, gentlemen, is indebted to our profession for this.

At the same time, also, many excellent surgeons bring away from these great schools of practice valuable lessons of experience, which, being carefully written down, are of service to those who live after them. Waterloo, Sevastopol, and Solferino, witnessed each a terrible slaughter of human beings; but let us hope that in the faithful "annals of their sufferings," recorded by Larrey, Guthrie, Hennen, Armand, and others, the world will find some compensation, if not actual occasion for gratitude, since they have added so many new fasciculi to our stores of knowledge; and since it is not impossible the lives which will be thereby saved will outnumber the lives which were lost in those battles. "It is one of the happy privileges of the military surgeon," says Armand, "to draw from the state of war precepts which console humanity, by turning to his profit the observations and the treatment of the maladies which follow in its train."

Military and naval surgery is not a new and distinct science, but only the science of medicine in its largest sense, with a special application. The principles of civil and military surgery are the same, or nearly the same; but the application of those principles is varied or modified, according to the varying exigencies of the case. Anatomy, physiology, chemistry, botany, and pharmacy, lie at the foundation of each; and what of these has been learned in the schools is equally applicable to both. So also the sciences of military practice, military surgery, and military hygiene, are nearly identical in their fundamental laws, with the civil sciences so named; but they differ occasionally in their subordinate rules; more often in their modes of procedure, and in the use of means by which they seek to accomplish the same ends. But perhaps the widest difference will be found to consist in the relative frequency of certain accidents and diseases; inasmuch that what is of daily occurrence, and a common experience in the one, is rarely seen in the other, and the reverse.

A few examples will illustrate these important differences. It is well known that certain conditions of the limb generally demand amputation in military practice; as, for example, a gunshot wound traversing a large joint; while the same conditions do not necessarily exact the same sacrifice in civil practice. This change or modification of the rule evidently has reference to the altered condition of treatment to which the soldier and civilian will probably be subjected.

In civil practice, the time occupied in any operation, especially since the introduction of anesthetics, is generally regarded as a matter of secondary importance. And that mode which possesses even trifling points of superiority with reference to the final result, even though more tedious in its execution, justly claims the preference. Here we may properly apply the maxim, "*sat cito, si sat bene.*" But in military practice, at least in most operations made upon the field, and where, as is usually the case, the number of surgeons is small in proportion to the number of wounded, time is of the first importance, and minor preferences must yield to major necessities. It will not do to let one man die of hæmorrhage from the femoral artery because you wish to apply a ligature very methodically to

the ulnar artery of another, nor to amputate a limb by circular incisions, when by oval incisions it can be done in half the time. Armand, whose noble sentiments one is frequently compelled to admire, speaking of his experience as surgeon to the ambulance of the Imperial Guard during the Crimean war, observes, "In ordinary times of the siege, the local barracks, or the tents, sufficed. In the grand engagements, the encumbrance of the wounded was such that it became necessary to gather them into groups here and there; and God knows, then, how painful was the mission of the surgeons, who were compelled to multiply themselves to succor the hundreds, the thousands of the wounded constantly imploring their aid!" There was but one precept then, "*Cite! citissime!*"

Broken limbs, when dressed in the midst of an engagement, cannot exact the same amount of care and attention in their adjustment as in a well supplied hospital, or as in ordinary private practice. The appliances must be simple, few, and, in many cases, measurably inadequate. They must be adapted especially to the conditions requisite for transportation. Complicated double-inclined planes, pulleys, and swings, however useful they might be for limbs at rest, are wholly inapplicable to those cases in which the patient has to be transported long distances in wagons and over rough roads. The most enthusiastic advocate of Pott's treatment of broken limbs, without side splints or extension, would never be so absurd as to claim for it a preference under these circumstances.

General treatises upon surgery and surgical teachers, assume that both the patient and his medical attendant are placed always under the most favorable circumstances: that ample time is allowed for a careful diagnosis; and, in view of an operation, that the patient is brought up to the best possible condition of preparation: that he is at least comfortably lodged, suitably nourished, and that his surgeon has at his command all the instruments and appliances which can render the execution of the operation more easy, and its success more certain. No man who has had much experience in teaching, and in examining medical students, can have failed to notice the danger of suggesting inferior alternatives for exceptional cases, which, through inattention or carelessness, are often substituted in the minds of the pupil for the general law; and it is with much propriety, therefore, that these omissions are generally made.

It is the special province of military and naval surgery to supply these deficiencies; instructing the pupil how, by a multitude of extemporaneous expedients, he may succor the wounded and relieve the sick when the usual resources fail or are not at hand; how he may make the products of every country contribute to his necessities, and a single cruse of oil minister miraculously to a thousand.

As we have intimated, however, the widest difference between civil and military surgery is to be found in the relative frequency of certain accidents and diseases. Club-feet, rickets, hip-disease, and strabismus, are of every-day occurrence in domestic and city hospital practice, while they are almost unknown to army practice. On the other hand, scurvy, gunshot, sword, and bayonet wounds are rarely met with in the first, while they are common in the second.

Such as remain sceptical upon this point have only to enter successively, the wards of a military and of a civil hospital; to compare with each other a civil and a military dispensary; or examine the private records of a civil and of a military surgeon, to convince themselves that the two schools do not furnish, relatively, the same instruction.

In order to be prepared, also, for all the duties imposed upon an army surgeon, one must understand what are the peculiar physical qualifications necessary to become an efficient soldier—what conditions imply health, endurance, agility, and we may add, courage. It is the first part of a surgeon's duty to select and arrange the tools by which the work is to be done, and the remainder of his duty is to keep these tools in order.

Will any one say that our services are unimportant, and

our position a subordinate one in the business of war? The fact is, that neither tactics, nor strategy will serve an army of invalids. These men perish or are demoralized when no enemy is opposed to them; and more than one campaign, which opened auspiciously, has been brought to a disastrous close in consequence of the injudicious selection of recruits, and of the lack of suitable provisions on the part of the government or of the officers for the preservation of their health. The mortifying termination of several campaigns, especially at the North, during the war of 1812 in this country, sufficiently demonstrates the truth of these assertions.

Feigned diseases, also, need to be studied. They bear the same relations, in military surgery, to actual diseases, as sophisticated drugs bear to the genuine; and to occupy a position of trust in the medical staff of the army, without some knowledge of the ingenious dissimulations practised by soldiers to relieve themselves from duty, or to obtain a discharge and a pension, would be as unjust to the public whom you serve as to undertake the duties of a pharmacist or of a drug-inspector without any competent knowledge of the art of sophistication.

The diet, dress, and general hygiene of the troops; the transport of the sick and wounded; the construction and location of tents, barracks, and hospitals, with a view to their healthfulness; the arrangement of bivouacs; are among the subjects which properly belong to this branch of surgery.

Finally, as not the least valuable of those accomplishments which ought to adorn an army medical officer, we must not omit to enumerate a thorough knowledge of geography, climatology, meteorology, geology, and botany, with many other kindred subjects belonging to the natural sciences.

Remember, gentlemen, that when you enter the army or the navy of the United States, you will be brought into immediate association with a body of highly educated and polished gentlemen. It is one distinction of the American military system which the English have not yet reached, that every commissioned officer of the line has attained his position, not by purchase, by nepotism, or by any other species of favoritism, but only through a regular curriculum, passed in either the army or naval schools, established under authority of the government, at West Point and Annapolis.

If the citizens of the United States of America may justly feel proud of the high character which the officers of the line, both in the army and navy, have acquired at home and abroad; we have no less reason to feel proud of the honorable distinction which our army and naval medical boards have acquired by the rigor of their examinations; and through them, of the recognised elevated standing of its medical officers. No one has been admitted to the rank of Assistant Surgeon, or been promoted to the rank of Surgeon in the American regular service, for many years, who did not possess the most eminent qualifications, both medical and literary, for those positions; nor are they likely hereafter to abate the stringency of their demands, as you will probably learn if you ever go before them for examination.

While improvements are being constantly made in the construction of firearms and of other weapons of warfare, and the art of war is advancing step by step towards the complete attainment of its purpose, it is delightful to observe how steadily, yet silently, the genius of medicine follows upon its heavy tread. The introduction of gunpowder as an instrument of war, was soon followed by the discovery and application of the ligature to wounded arteries after amputations. So that if thereafter the soldiers were not permitted to escape the terrible wounds inflicted by bullets and "fiery balls," they were saved from the more appalling infliction of having their mutilated stumps plunged into boiling pitch, to arrest the bleeding. And in our own day, the conical bullet and the rifled cannon have been overtaken by the discovery of the anæsthetic properties of chloroform and of ether.

The establishment of flying or field ambulances has also contributed greatly to the amelioration of the condition of

the soldier, and, it may be said, to the efficiency of the service.

They are usually composed of the medical staff and picked men, who hang upon the rear, and press themselves into the very shadow of the advancing columns; and while the surgeons, with their assistants, stationed here and there, in places of partial security, are prepared to render prompt surgical aid, the men who are especially charged with that duty, bring the wounded in panniers and upon litters to the several regimental depots.

The practice of employing field ambulances is now almost universal, but the plan of organization is much varied by different nations.

Richter, Physician General to the 8th corps of the Prussian army, who has devoted much attention to this subject, and to whose suggestions the Prussian army is indebted for its present excellent system of field ambulances, informs us that Austria, ever since the Italian and Hungarian campaigns, in 1848 and 1849, has employed with great success "*des troupes de santé*," and that this institution has been imitated in Bavaria, Saxony, and Hanover.

The Prussian system, established by Royal ordinance in 1854, may serve as a model, or as an example most deserving of imitation. The "*Compagnies des porte-malades*," as they are sometimes called, are composed of one captain, three lieutenants, three assistant surgeons, with the rank of lieutenants; 203 men, of which 17 are non-commissioned officers, including a sergeant major and a quartermaster; 16 exempts (*premier soldats*) and 6 *clairons*.

Each company is divided into three squads, that is to say, one squad for each hospital ambulance of the three grand divisions of the army. Each squad is composed of 10 officers and 1 assistant surgeon, each of which is furnished with two horses; five non-commissioned officers, 60 soldiers and exempts, and 2 *clairons*.

Each squad has 15 litters, equal to 45 for the whole company.

In the American service the system of flying ambulances is less complete and perfect in its details. The only assistance which a regimental surgeon and his adjuncts can claim upon the field of battle, is that of the band, and of a hospital orderly, who, by an order of the army board, made in Nov. 1859, is required to accompany the medical officer whether upon the march or in the field; the orderly carrying upon his back a knapsack, in which are placed such instruments, dressings, and medicines as may be needed in an emergency.

As to the value and importance of a well regulated system of field ambulances, it might be sufficient to say, that all of the army surgeons are agreed upon this subject, and its claims have been repeatedly urged by Percy, Hennen, Guthrie, Larrey, Jackson, Armand, Richter, Mann, and others, and that by most of the enlightened governments of Europe they have been adopted and carried out to an admirable degree of perfection.

But since the government of the United States has been slow to accept of all of the improvements in this department, introduced and now fairly tested abroad, it will be proper to enumerate some of their advantages.

It will not be denied that humanity, and a just policy of economy, dictate that the wounded should receive succor as soon as possible, and that for this purpose the surgeons, with their assistants, ought to be stationed as near to the field of action as is consistent with their own safety, and the safety of those who are under their charge; nor will it be doubted that soldiers and officers will be less reluctant to expose themselves to the hazards of a battle when they feel assured that competent surgical aid is at hand. Whatever may be a man's apparent disregard of life, experience shows that most men, even when in heat, would of the two, rather kill their antagonists than die themselves. To be wounded may be honorable, but to die perchance is unnecessary. And better soldiers than Falstaff—nor is it any reflection upon their courage to say so—have probably uttered his soliloquy upon the eve of battle: "Can honor set to a broken leg? No. Or an arm? No. Or take away

the grief of a wound? No. Honor hath no skill in surgery then? No."

There is a single incident in the life of Ambrose Paré, which, having been often mentioned by historical writers, is probably familiar to you all, but which, as furnishing a pertinent illustration of the confidence inspired in a whole army by the immediate presence of a skilful surgeon, merits a repetition at this time.

The ancient city of Metz was at one time besieged by an army of one hundred thousand men, commanded by Charles the Fifth in person. Within the walls were gathered a multitude of men, including nearly all the princes and nobility of France. Decimated by famine, disease, and by wounds received in the protracted defence, the garrison were reduced almost to extremities. At this critical juncture the king sent to them his own surgeon, the great Paré, who had been successively surgeon to four kings of France, and who had during this period followed the French armies in all their campaigns. He was introduced into the city at night, by an Italian captain, and on the following morning being requested by the governor to show himself upon the breach, he was received by the soldiers with shouts of triumph. "We shall not die," they exclaimed "even though wounded—Paré is among us!" From this time the defence was conducted with renewed vigor; and to the presence of this single man it has been universally conceded that the city was indebted for its salvation, although the siege was not raised until "the gallant army which lay around it had perished beneath its walls."

The value of medical services to an army, in a strategic, economical, and humane point of view, is indisputable.

The only real question then is as to the best mode of getting the soldiers wounded in battle to the hospital depots.

A considerable proportion find no difficulty in reaching the depots without assistance; and it is wonderful sometimes through how small a wound a large amount of courage will ooze out. The slightest prick of a bayonet or the loss of a finger will cripple some men and send them halting to the rear. These soldiers will take care of themselves.

But when a man falls who is seriously wounded, and not killed outright, it is a common practice in both the American and British service for the officer in command to order a couple of soldiers to carry him off. This withdraws three men from the line instead of one. But unfortunately it is well known that soldiers do not always wait for this authority. The commanding officer is not always where he can observe the conduct of all of his men, and impelled by the instinct of humanity, they, in many instances cheerfully anticipate the supposed wishes of their officers, and seizing their fallen comrade they bear him hastily from the field. The effect of this is most demoralizing; for while it actually and materially diminishes the force of the column, it diverts the attention of the soldiers and of the officers from their first purpose, especially by substituting the more delicate and enervating sentiments of humanity for those coarser but more stimulating passions, revenge and ambition, by which the courage of troops is chiefly sustained.

Ballingal says: "We find the Duke of Wellington, in his general order, cautioning the commanding officers of regiments, and the officers and non-commissioned officers of companies, to take care that no man falls out of the ranks under pretence of assisting the wounded, when he is not ordered to do so by his officer," and Mr. Alcock states that he has seen "in less than an hour, a whole battalion tail off after some fifty wounded."

There are many circumstances under which the escape of the wounded soldier from the mêlée of the conflict is impossible; and in which the incessant pressure of troops from the rear presents no alternative but to be trodden under foot by men and horses, or to be crushed by the wheels of the cannon. If, however, the storm of battle has

in some measure passed over and the wounded man is on that side of the clouds from which the rainbow can be seen—and it is to such alone that assistance can ever be offered—then he may be easily rescued by the soldiers of the ambulance, and borne upon a litter to a place of safety. The army will, in this way, be separated into two distinct, yet very disproportionate bodies. The one being occupied solely in killing, maiming, and mutilating, and the other in ministering to the sufferings of the wounded: thus no infection will be communicated from one to the other, and the morale of both will be preserved.

Original Communications.

DIFFICULT OBSTETRICAL CASES.

BY GEORGE T. ELLIOT, JR., M.D.,

PHYSICIAN TO BELLEVUE HOSPITAL AND THE LYING-IN ASYLUM, CONSULTING PHYSICIAN TO THE NURSERY AND CHILD'S HOSPITAL.

(Continued from page 192.)

CASE LVII.—*Intra-Uterine Endocarditis.*—*Calcareous Deposit.*

ELLEN FARRALL, aged 32, third confinement, Nov. 13, 1852, Lying-in Asylum.—Head presenting, second position, ten hours in labor. Boy living, weight seven pounds eight ounces. Placenta healthy, weighing one pound three ounces, seven inches in diameter. Cord twenty-one inches long.

Child very weak when born, could only be made to respire with difficulty, and never very satisfactorily. The next day it died in convulsions, preceded by symptoms of imperfect aeration of the blood.

Drs. Isaacs and Metcalfé were present at the post-mortem, and pronounced the result as unique in their experience; and Dr. Metcalfé has not seen a similar case since. The heart presented evident traces of endocarditis. Auricular septum thickened, folded on itself, and gritty to the touch. Patency of foramen ovale doubtful. Tricuspid and mitral valves thickened, and presenting this gritty deposit on their free edges. No chemical or microscopic examination made, though the deposit must have been calcareous.

This brief record is all that I have of this very interesting case; but I am sure, from the character of the gentlemen directing the examination, that it could not have disclosed any other peculiarities worthy of note. I had not met with any records of similar cases, but on applying to my friend Dr. Jacobi for information, he wrote me the following letter:

DEAR DR.—Your case of atheromatous degeneration of the auricular septum, and the tricuspid and mitral valves, in a newly born child, is one of great interest to me. I have never seen the like, as such cases of congenital cyanosis, depending on endocarditis, as have come under my own observation, did not exhibit any deposits of cretaceous nature, nor have I been able to find any cases like yours in Peacock's 'Malformation of the Human Heart, etc., with original cases, Lond., 1858.' Dr. P. has such cases only as will occasionally occur in any physician's practice, viz. cases of congenital endocarditis, with thickening, 'induration,' and shortening of the valves, nor does he appear to have found anything noteworthy in literature. But in Dr. Friedberg's book on the 'Congenital Diseases of the Heart and the large Blood Vessels of Men, etc., Leipzig, 1844,' which seems to have been entirely overlooked by Dr. Peacock, there are remarks on congenital atheromatous degeneration of the endocardium of great interest. For instance, p. 79, 'It is a remarkable fact, that the inflammatory and atheromatous process is frequently found on the right side in congenital disease of the heart, while it occurs most exclusively on the left side in diseases of the heart acquired in later life.' 'Of fifty cases of congenital heart diseases, collected without a special purpose, I have found atheromatous degeneration and conglutination of the valves, with more or less coarctation of the ostia, in thirty-five on the right side, and

in six on the left. Of thirty-five cases of congenital diseases of the heart, Meckel has found coarctation of the right aorta (pulmonary artery), in fourteen, and complete obstruction in six, etc., etc., p. 80. 'Insufficiency (atrophy) of the valves, both from shortening and retiform perforation is less frequent in congenital cases than in acquired ones, and is therefore rarer in children than in adults. "In these cases shortening is mostly the consequence of atheromatous or inflammatory affections, and is not only found, as in adults, in the bicuspid and mitral valves, but in all the valves of the heart, and particularly on the valvula foraminis ovale (exactly your case). The other form of incompetency, viz. perforation, which, in adults, is met with in all the valves, is found in the valvula foraminis ovale et Eustachii only in congenital cases. Perforation of the valvula Eustachii, is normal, however, and commences when the function of the valve ceases,' p. 111. In such cases where the vena cava inferior is not transferred from the left atrium to the right, nor the foramen ovale covered by its valve, or in such as do not show the regular transformation of the large arterial vessels, 'there is either incompetency of the valves, or degeneration from inflammatory or atheromatous affection, alone, or complicated with dilatation or coarctation of the orifices,' p. 113. 'Patency of the foramen ovale is found in some cases . . . with degeneration of the valves; thus for instance, a case of Morgagni's where but a small part of the orifice was unobstructed by the ossified and partially conglutinated valves,' pp. 117. Malformations of the aortic valves are generally produced by an inflammatory or atheromatous process taking place pretty late in a period of fetal life where the valves have obtained a goodly size,' pp. 119. 'Malformations of the (left heart) aortic valves are very rare. They consist in a cartilaginous condition of the semilunar valves and a partial conglutination of their margins, as in Louis, IX., observation. At all events, there is as yet no proof whether the inflammatory or atheromatous process by which they are brought on has taken place before birth or after.'

Prof. August Förster, in 'The Deformities of Man, with an Atlas of 26 Plates, Jena, 1861,' p. 143, has the following remarks on the subject: 'Stenosis and abrasia of the ostia arteriosa and venosa depend mostly on foetal endocarditis and myocarditis. A few, however, may result from other processes. Stenosis is mostly found at the ostium of the a. pulmonalis. Endocarditis and myocarditis, being met with mostly on the left side of the heart after birth, are principally found on the right side, and particularly on the pulmonalis in the foetus. On its ostium we meet with the same alterations (table xix. figure 16), frequently found on the semilunares aortae, in adults, viz. Thickening and ossification of the valves, conglutination of the margins, and, in some cases, complete atresia of the ostium. In all these cases the septum ventriculorum remains very defective, the aorta, which is large, originates in both ventricles, being, however, well formed; the pulmonalis is usually narrow; in some cases, however, very large; the ductus Botalli is either closed or remains open; through it, in cases of complete atresia of the ostium, the ramifications of the pulmonary artery obtain the blood from the aorta, as in cases of atresia of the entire pulmonalis,' etc.

Beyond some remarks on the occasional, but rare occurrence of congenital atheromatous deposits in the valves, contained in a number of works of general character, viz. on diseases of children, pathological anatomy, etc., I find no special notice of the above mentioned nature in my library, nor in my notes.

Finally, allow me to say, that I believe your case to be well worthy of publication, both for its rare occurrence and generally interesting character, and that the profession will be pleased by the examination of this rare case, from your experience, just as much as

Your obedient servant and sincere friend,

A. JACOB, M.D.

50 Amity street, Feb. 19, 1861.

CASE LVIII. *True Knots in the Cord.*—Catherine McGrath, aged 30, first labor, Dec. 4, 1852, Lying-in Asylum. Head presentation, second of Nœgelé, six hours in labor, male child, living.

The cord presented a true knot, which did not at all interfere with the circulation. I have since seen a case almost exactly similar in its details, and I have also been able to recognise the cause of a miscarriage, in the death of the fetus, from one of these knots drawn tight, and stopping the circulation. This fetus, with its funis, was seen by Dr. Gouley. It is surprising that these knots are not more frequent.

CASE LIX.—*Premature Birth—Pneumonia—Diphtheritic Exudation on Fauces—Recovery.*

Mary Kennedy—unmarried—sixteen years old—Irish—admitted to Bellevue, January 30, 1861. Drs. Fernandez and De Rosset, House Physicians, from whose memoranda the case is written. Robust, healthy-looking girl in the fifth month of pregnancy. Obligated to go to bed for fever; pain in right hypochondrium; slight rigors and short dry cough following exposure to cold; great lassitude. These symptoms have been coming on for three days. Face is now very much flushed; respiration rapid; pulse one hundred and thirty-two, and incompressible. The pain in the right hypochondrium is increased by pressure and percussion, and corresponds with the site where her father kicked her on discovering her pregnancy. Bronchial respiration and bronchophony are met with over right lung posteriorly; puerile respiration over left. Percussion dull over right lung posteriorly. Heart sounds normal. No fetal heart nor uterine souffle; maternal inspiration heard over the whole abdomen. Areola dark—milk; os uteri soft; foetal movements distinct. 4:30 P.M.—Dry cups to seat of pain; temporary relief. Pulv. ipecac et opii, gr. x.; bowels have moved. Jan. 31, 10½ A.M.—Considerable fever; pulse one hundred and twenty, and weak; respiration fifty-six, skin warm and dry; erythematous patches on each arm; whiskey. 4 P.M.—Bronchial breathing and crepitant rhonchus on forced inspiration in lower lobe of right lung; pulse one hundred and fifty; no sputa. 6½ P.M.—Pulse one hundred and thirty, weak; respiration seventy. Seven wet cups to posterior portion of chest, and which drew about ¾vj. of blood; bowels have moved. 10½ P.M.—Pulse one hundred and forty-four, weak; respiration labored, forty-eight to the minute. Feb. 1, 10 A.M.—Since six o'clock no pain in the side. Labor pains now coming on. Os about the size of a shilling and dilating. Presentation difficult of appreciation—very movable—probably the feet. Dr. Taylor and I saw the patient at this time, and with the view of favoring the dilatation of the os, as well as of relieving the respiratory symptoms, prescribed small doses of tartar emetic and belladonna. Pulse one hundred and forty-eight, full; respiration eighty-two. Some slight dullness over the left lung anteriorly. At 3:30 P.M., the patient was delivered of a non-viable female fetus in the fifth month, whose heart pulsated fully for half an hour at the rate of forty-eight to the minute. Dr. De Rosset arrived after the legs and breech had been expelled. He was also obliged to remove a portion of the placenta with the membranes. Pulse one hundred and forty-six; respiration seventy-two. 6 P.M.—Complaints of sore throat; pulse one hundred and twenty-four, good; respiration sixty-seven. 10 P.M.—I saw her and removed more of the retained placenta, leaving still a portion near the fundus; uterus well contracted. Examination of throat shows diphtheritic exudation; pulse one hundred and twenty-four, quite weak; respiration sixty-four. Ordered the tartar emetic and belladonna to be discontinued, and the patient to have as much whiskey as she could drink, and ten gr. of the chlorate of potash every hour when awake. Feb. 1, 2 A.M.—Asleep, but easily aroused; respiration sixty-four; pulse one hundred and eighteen, so weak as scarcely to admit of counting. No hemorrhage; has taken ¾vj. of whiskey. Now ordered an ounce every half hour. 5 A.M.—Pulse one hundred and twenty, so weak as scarcely to be appreciable at the wrist. Respiration

fifty-two, with a sonorous rattle in the throat on expiration. General condition still more feeble; with difficulty aroused; answers incoherently. 9 A.M.—Pulse one hundred and twelve, very weak. Respiration sixty, labored; skin dry. Tongue dry, brown in centre, edges dry and red. Examination of fauces shows plastic exudation on both tonsils, and behind. Deep sonorous rhonchus during both acts of respiration; some dulness; crepitant rhonchus, bronchial breathing and bronchophony posteriorly over right lung. Signs better marked over right lung; short dry cough; feverish, averse to medicine and stimulants. Carbonate of ammonia. M.—Condition better; pulse one hundred, stronger; respiration sixty-four; more tranquil; tongue moist; asks for something to eat. 3 P.M.—Has complained and still complains of a returning pain in the right side; pulse one hundred and twelve, weaker; respiration fifty-six. 6 P.M.—Pain in side continues; pulse one hundred and twenty-one; better quality; respiration sixty; skin warm. Feb. 3, 2 A.M.—Pulse one hundred and twelve, stronger; respiration sixty. Takes about $\frac{3}{4}$ jss. of whiskey every hour at intervals of twenty minutes; seven and a half grains of carbonate of ammonia every hour; and five gr. of the chlorate of potash every half hour. 7.30 A.M.—Pulse one hundred and twenty; some calibré; respiration fifty-eight; more tranquil; pain has somewhat subsided; is more quiet and says that she feels better. 8 P.M.—Comfortable pulse, one hundred and twenty; respiration fifty-four; has eaten chicken, and is now asking for bread and milk. Feb. 4, 10 A.M.—Pulse one hundred and seventeen, good; respiration forty-eight; more tranquil; has the expression of convalescence; some more placenta came away to-day. Posteriorly slight mucous râles with exaggerated respiration. Anteriorly sonorous and sibilant râles. 6 P.M.—Pulse one hundred and twenty, good; respiration fifty-two. Feb. 12.—Has continued to improve; pulse ninety-six, soft; respiration twenty-six; appetite good; skin moist; slight fur on tongue; has lost the flushed face and anxious expression. Lochia good; small amount of milk. Her stimulants and medicines have been gradually diminished. She now only takes $\frac{3}{4}$ ij. of whiskey in the day. Percussion now normal everywhere excepting some slight comparative dulness over the right lung posteriorly. The râles have disappeared from the front of chest. Posteriorly and inferiorly on the right there is a fine crepitus not peripheral, audible with both acts of respiration; and over the whole lung a deep sonorous rhonchus in inspiration only. Over left lung the respiration is still somewhat puerile. Fauces and throat healthy.

This patient was admitted under the care of Dr. T. G. Thomas, who diagnosed the pneumonia, and she came under my care when the labor set in.

SEVERE HEMORRHAGE FROM THE STOMACH

ARRESTED BY THE USE OF PERSULPHATE OF IRON.

BY ANDREW H. SMITH, M.D.,

OF BRISTOL, PA.

C. H., aged 42, boatman, was attacked on the morning of the 12th of April with vomiting, the material ejected being at first largely intermixed with blood and subsequently consisting almost entirely of fluid blood of an arterial hue. The amount of blood ejected before medical aid was obtained was stated by the attendants to be at least two quarts, though this is probably an exaggeration. Twenty drops of the muriated tincture of iron were administered by a druggist who was called in, but no favorable effect was observed. A physician arriving, oil of turpentine was given, and the patient was directed to swallow bits of ice. This had the effect of arresting the hemorrhage for a time, but after the expiration of a few hours it returned with the same severity as before. I was then called. On arriving I was shown a vessel containing about three pints of a material composed apparently almost entirely of blood,

and which had been ejected immediately before my arrival. On questioning the patient it appeared that he had for some time past suffered from slight pain and tenderness in the epigastric region. On examining the abdomen the spleen was found to be very much enlarged and of abnormal firmness, but the patient states that he has never suffered from intermittent fever. Full doses of acetate of lead and opium were given, and a bladder of ice and salt applied to the epigastrium, the patient to continue the use of ice internally. Sinapisms were also applied to the legs. By these means the hemorrhage was arrested for about twelve hours, when it again returned, notwithstanding the continued use of the remedies. Two grain doses of tannic acid were then given, by which the hemorrhage was controlled for a time, when this remedy also became ineffectual. The pulse having risen to 110, and become small and feeble, I decided to use the persulphate of iron, as recommended by Dr. Hallett, of Brooklyn. Gtt. xv. were given every hour and a half until three doses had been given, when the dose was gradually diminished and given at longer intervals. From the time the first dose was given no more hemorrhage occurred. No nutriment was allowed to be taken into the stomach for thirty-six hours, the patient being supported by nutritive and stimulating enemata. After this time farinaceous diet, in a fluid form, was cautiously administered, and at the time of writing (April 17th) the patient is rapidly recovering his strength, and unless fresh hemorrhage occurs, has every prospect of recovery.

Reports of Hospitals.

ST. LUKE'S HOSPITAL.

TUBERCULOUS DISEASE OF LUNGS, LARYNX, AND BRAIN.
SERVICE OF DR. HEYWARD.

[Reported by E. B. DALTON, M.D., Resident Physician.]

A MAN, 48 years of age, a printer by occupation, entered St. Luke's Hospital on the 9th of January, 1861, suffering from chronic laryngitis, which, from the history of the case, and from the fact that evidences of morbid deposit in the apex of the left lung were detected, was thought to be of a tuberculous character. The commencement of the difficulty dated some three months previously, but it had increased very much in severity during the past four weeks, so as almost completely to destroy the voice and to interfere very materially with deglutition. At the time of his admission, the inflammation extended over the fauces generally, which were covered with an exudation of mucus. The patient was put upon the use of tonics and a gargle of chlorate of potassa. The condition of the throat became steadily worse until, about ten days subsequently to his admission, the parts were found to be covered with a membrane of a diphtheritic character, while at the same time the patient became much enfeebled. More decided efforts were made to support the patient's strength, and a solution of argent. nitr. \mathfrak{D} ij., aquæ \mathfrak{z} j., M., applied to the throat several times daily. No substantial improvement followed, and some five days later the liq. ferri persulphat. diluted with double the quantity of water was substituted as a local application with marked benefit. The patient soon experienced decidedly less difficulty in swallowing, and the voice began to return. About this time some slight incoherences of manner, which had once or twice before been remarked upon, became more noticeable, but as the patient was never confined to his bed, and was also partially deaf, but little attention was paid to these manifestations. During the night of Friday, the 9th of February, he had a chill of considerable severity, accompanied with pain in the left side of the chest. He rose, however, on Saturday morning, and conducted himself as usual through the day. On Sunday morning, while at the breakfast table, he exhibited symp-

toms of a very peculiar character, paying very little heed to what was going on about him, and appearing exceedingly drowsy. Somewhat suddenly his face became livid and he was removed to his bed, where he at once fell into a deep sleep, from which, however, he would suddenly start on being touched or loudly spoken to, and then almost immediately relapse. At the medical visit, signs of commencing pneumonia were found at the base of the left lung. The trouble in the throat had almost entirely passed away, and no membrane was visible. The somnolence and incoherence of manner rather increased. The supporting plan of treatment was persevered in, but with little or no amendment. The pneumonia made but little progress, but the symptoms referable to the brain became constantly more marked. The respiration was oppressed, the stupor more persistent, and the patient's manner and speech, when roused, wild and disconnected. The pulse rapidly flagged, and the skin became cold, until early on Tuesday morning he died, as if from exhaustion, in a condition of collapse.

The autopsy was made Tuesday P.M. Recent pneumonia was found at the base of the left lung, which was also the seat of considerable tuberculous deposit. The other organs, both in the chest and abdomen, were in a healthy condition. On the removal of the calvarium a large quantity of serous fluid was found beneath the arachnoid. The cerebral ventricles were subsequently seen to be distended with a similar effusion, and a still greater quantity was collected at the base and about the medulla oblongata.

American Medical Times.

SATURDAY, APRIL 27, 1861.

STATE MEDICINE.

THE signification of the term State Medicine, which some of our friends failed to comprehend at the last anniversary of the National Sanitary Convention, will doubtless soon be fully understood and intensely appreciated by the American people. Armies outnumbering any that ever yet have met upon the western continent are at this moment, at a day's notice, rushing to the field of conflict. As unused to the march, the bivouac, and life in the camp, as they are unhardened to the din of battle or unacclimated to the malaria and heat of our southern states, these brave volunteers may be doomed to suffer dangers greater than they will encounter in actual combat of arms. Yet notwithstanding the chronic indifference to military hygiene which until very recently afflicted our own and other governments, our distracted country may now rejoice in the fact that the medical bureaux at Washington and in this city are fully awake to the importance of carefully protecting the troops from every preventible cause of disease and death. But the conflict upon which these troops are entering is one that will test the physical endurance and vital powers of the half million of hardy citizens who to-day stand ready to sacrifice their lives for their country. Neither our own nor any other nation has ever before so suddenly, and in such hosts, plunged into war. Hence we may anticipate for both armies certain inevitable results of hasty and insufficient preparation and provisioning, excited marches and engagements by volunteers, and the general inattention of military officers to the laws and conditions of health in the field and in camp. We know that the

Surgeons General and the Medical Directors of the federal army are using the utmost vigilance to guard against disease, and we trust that the Purveyors and Commissaries are doing all that can be so hastily done. We refer our readers to the orders promulgated by DR. AGNEW, the Medical Director of the New York Division. He is leaving nothing undone which human energy and keen foresight can do. Let the profession heartily sustain and second his efforts, and let them cheerfully offer their best surgeons and their best services for their country.

But notwithstanding the admirable management and energy of the military bureaux of Medicine, whose officers are undoubtedly doing all in their power in the faithful discharge of their duty, we must solemnly protest against the preposterous standing policy that hitherto has provided only two, or at the most but three medical men for regiments of a thousand or more soldiers, and that never yet has supplied a competent ambulance corps, or a competent staff of dressers and hospital attendants. These defects must be promptly attended to, or thousands of precious lives will be needlessly lost before the impending conflicts are ended. So in regard to Military and Hospital Hygiene, not only the military bureaux, and surgeons now in the service, but the enlightened and patriotic members of the profession not called to the field, should devise suitable measures and put forth the most earnest endeavors to thoroughly indoctrinate the medical staff, and every candidate for the service, in the principles and practice of camp and hospital Hygiene. And it is not yet too late for the military officers, of all grades, to take practical instruction upon this subject. Voluntary and wisely directed efforts of our medical brethren may yet remedy many of the errors and deficiencies of the State authorities in military as well as in civil life.

The marked efficiency of the Army Medical Management stands out in striking contrast with the treatment of medical and sanitary questions by State Legislatures. We can conceive of nothing more humiliating and disgraceful to the State of New York than the perfidious betrayal of public responsibilities relating to life and health by legislators at Albany. Even an intelligent and uncorrupted majority in the recent Legislature were utterly foiled in their efforts to procure the enactment of much needed sanitary laws. By a conceited and bigoted chairman of a standing committee the Lunacy Commission Act was strangled; by the agency of a few bad men in the Assembly and its lobby the State was prevented from making any provision for adjusting the difficulties and providing for the exigencies of the Quarantine establishment; by similar agencies the Act for preventing the sale of adulterated and swill milk was prevented from passing the Senate; and, finally, the Metropolitan Health Bill, after a triumphant vindication of its claims by a noble majority in the Assembly, and after the most universal acknowledgment of its fitness and importance, was killed in the Senate by the "crock of gold" and the cupidity of men, who, during one brief term of public service, have amassed immense wealth. Thank Heaven, neither the festering corruption of States long enjoying and misusing the advantages of peaceful prosperity, nor the horrible disasters and carnage of civil war, will be long endured. The people are beginning to learn the vital importance and the inestimable value of wise legislation and good government.

THE WEEK.

MILITARY SURGERY, as a science, or a branch of study, is unknown to the medical profession of this country. The very term, indeed, so far as its practical application is considered, had become almost meaningless. Nearly half a century of profound peace with the nations of the earth, and perfect domestic tranquillity, has rendered the people of the United States entirely unfamiliar with war. Generation after generation have been so completely and uninterruptedly devoted to the peaceful arts, without the fear or even the rumor of war, that the term has become obsolete. Our military displays have been ridiculed as a mockery, and our military laws a dead letter. But a new era is about to open in our history, and it requires but little familiarity with the character of the American people, and the tendencies to sectional feeling, to foresee that, if inaugurated by war, it is to be essentially military. However the present controversy may end, military science will hereafter be more studied than at any previous period in our history.

We deem it fortunate that, with the commencement of preparations for war, we are able to lay before the medical profession a course of familiar lectures on military surgery. Prof. Hamilton, though practising only in a civil capacity, has devoted to this subject a degree of attention that must give his teachings the weight of an authority. They were originally prepared at the request of several surgeons of the Army, who expressed the opinion that such a course was needed in order to give, in a condensed and concise form, the principles of this branch of study, and the latest improvements which have been made. At this juncture such information is greatly in demand by the young surgeons who compose the medical staff of the volunteer army.

THE ACADEMY OF MEDICINE has laid out a large and well prepared field for its spring culture. The programme lately given in our Special Notices exhibits the best evidence of the vitality and working power of this central association. THE COUNTY MEDICAL SOCIETY of this city also is alive to the interests it was originally designed to promote. Dr. S. HANBURY SMITH's elaborate Essay upon the indications for the use of mineral waters was admirably adapted to awaken attention to some of the most important principles of Therapeutics. Its author is doing a most valuable service for the profession in his efforts to produce mineral waters in their highest perfection.

WITHIN the past week New York has been converted into a vast military camp. The preparations for war during this short period are incredible in extent and completeness. Every class, profession, and trade, is animated by one impulse, viz. effective preparation for the support of Government. The lawyers even have united to form a regiment. The medical profession contributes liberally to the appointments of the staff of officers of the several regiments. Among the prominent members of our profession who have already enlisted we may mention PROF. J. C. DALTON, Surgeon to the 7th Regiment, and Dr. J. W. S. GOULEY, Surgeon to the First Regiment of Zouaves. Indeed, there is reason to fear that our hospitals and public charities will be deprived of many of their resident medical officers, so great is the anxiety to enlist. The Commissioners of Public Charities and Correction having consented to

reserve the places of the medical staff who might desire to enter the army, several have availed themselves of the opportunity and joined the volunteer regiments.

Elsewhere we have given as complete a list of the medical staffs of each regiment as we could obtain. We shall endeavor hereafter to keep the profession well informed of all that relates to the medical department of the regular and volunteer army.

ORDER FROM THE SURGEON GENERAL'S DEPARTMENT.

STATE OF NEW YORK, SURGEON GENERAL'S OFFICE,
ALBANY, April 19, 1861.

General Orders, No. 1.

A commission for the examination of candidates for surgeons and surgeon mates, in accordance with an Act entitled "An act to authorize the embodying and equipment of a Volunteer Militia, and to provide for the public defence," will meet at the Surgeon General's office, at the Capitol, in the city of Albany, on Thursday and Friday, April 25 and 26, from 10 to 2 of each day. By order of the Commander-in-Chief,

S. OAKLEY VANDERPOEL, Surgeon General.

THERE has been much complaint at the tardiness of our State authorities in responding to the call of the President for volunteers. The Surgeon-General of the State, hitherto a mere nominal official, seems at last to have discovered that he, too, has a duty to perform in this emergency. Ten days after the proclamation, and more than a week after some regiments had started for the Capital, and when every day's delay involves consequences of fearful import to the country, a commission is appointed to sit one hundred and fifty miles distant from the seat of the chief recruiting station, for the examination of candidates for Surgeons and Surgeons' mates, in this volunteer army. Several regiments having selected their staff, are already on their way to the theatre of war, while many others are on the eve of departure with their medical staffs completed. At this juncture, when every moment is of infinite importance to the surgeon for the proper preparation of his medical equipments, he is summoned to a distant city, at the loss of a day or more, in order to meet the requisitions of a law so long a dead letter that it seems at first to have been overlooked. One of two things should have been done; either these examinations should have been delayed to some future period, as they certainly must in individual cases, or the commission should hold its session in New York City, the point to which converge all the volunteer companies of the State. Had this latter plan been adopted, these examinations might have been conducted without embarrassing, in the slightest degree, the necessary preparations of the Surgeons.

FLORENCE NIGHTINGALE, during the terrible period of the Crimean campaign, did not so effectually and so universally arouse the sympathies and activity of her English sisters as she has now by her example and practical instructions led thousands of American mothers and sisters in this city, even before the first battle, to engage systematically in labors for the relief of the brave men who have so suddenly rushed to the field of conflict. It may truly be said that never, since the crusades of the Middle Ages, has any people been inspired with such enthusiastic devotion of life and property to a holy cause; and never in the history of the world have women so universally offered themselves for their country's service. Not only have their instinctive and angelic sympathies led them beforehand to unite

in a hundred bands for systematic work in the preparation, collection, and forwarding of clothing, hospital dresses, and supplies for the sick and wounded, but with an unparalleled devotion to their country they with one voice and more than Spartan heroism bid sons, husbands, and fathers hasten to their country's defence, and then they offer hundreds of their best educated and choicest women to serve as nurses and hospital attendants wherever such services may be needed. More than one hundred ladies in this city have already offered themselves for this hazardous work. Efforts are being made for effecting a thorough organization and proper registration of suitable candidates for this service, and for their systematic and practical instruction and preparation in the art of nursing and hospital management. Would it not be well for the physicians throughout our Northern and Eastern States to advise lady candidates for army nursing to connect themselves with the central organization in New York? And let us all advise that no lady under twenty-two years of age, and none who are not possessed of the proper physical, mental, and moral qualities, be in any case recommended as candidates.

On the last page of this journal will be seen a special notice relating to the selection and preparation of nurses.

DR. C. R. AGNEW, of this city, late Surgeon General of the State Forces, has received from Surgeon General Vandervoort and Governor Morgan the responsible appointment of MEDICAL DIRECTOR for the New York Division of the Army. This was an appointment fit to be made, and DR. AGNEW is engaged night and day in examining the qualifications of candidates for Army medical service, and in preparing for the anticipated exigencies of military hospital service both at home and in camp.

The following are the Army Regulations of the Medical Department in the State of New York.

THE MEDICAL DEPARTMENT.

§ 1.—*The health and lives of the officers and soldiers are too important to be committed to those unskilled in their profession. In the appointment or promotion, therefore, of any person in the Medical Staff, the appointing power will rigidly scan the pretensions of such person, taking into consideration his physical qualifications and moral habits, as well as his professional acquirements and education.*

§ 2.—*The Surgeon General is charged with the administrative details of the Medical department, and general oversight and charge of all officers belonging to it; and will issue the necessary instructions, from time to time, relating to their professional duties.*

§ 3.—*He may also require, from time to time, reports from Medical Directors, surgeons of divisions, brigades, and regiments, relative to the condition of the forces in service under their charge, with such remarks as may be necessary to explain the nature of the disease or the injury claiming their attention, and the probable cause thereof, and the treatment adopted.*

§ 4, 5, 6, 7.—*The Medical Director will inspect the Hospitals under his charge, ascertain the manner in which each subordinate performs his duty, see that the necessary supplies are provided for the sick, that they are of good quality and properly expended, and enforce the rules and regulations given for the government and direction of the Surgeons and Assistant Surgeons.*

§ 8, 9.—*The Surgeons of regiments will obey the instructions of the Medical Director, be responsible for the order*

and neatness of the hospital, for the manner in which the Assistant Surgeon and attendants perform their respective duties, and for the comfort and convenience of those sick in quarters.

§ 10.—*They will receive written morning reports of any who are sick, from the Orderly Sergeant of each company, who will see that those reported present themselves at the place appointed by the Surgeon, and be present himself at their examination.*

§ 11.—*They will immediately report all cases of feigned sickness to the Commanding Officers of companies, prescribe for those who are able to remain in quarters, and send those whose cases may require other accommodations where the same may be obtained.*

§ 12.—*They will at all times be within call in all cases of accident, and have the necessary medicines, instruments, and dressings ready at hand to attend to the sick and wounded.*

The remaining sections of these Regulations will be given in a future number.

THE enlistment of DR. S. BURNETT TUTHILL, as Surgeon to the reinforcement of the Seventh Regiment, forcibly illustrates the spirit of the Medical profession, and of every citizen. He was waked at an early hour in the morning by a messenger from the officers of the regiment, requesting his enlistment and immediate presence in their ranks. He instantly, and without previous reflection, obeyed the summons, and departed immediately to the seat of war.

DR. ALEXANDER B. MOTT, of this city, has been appointed Medical Inspector of the N. Y. State Volunteers, at the New York City Depot; an appointment of vast responsibility and importance.

DISEASE OF THE HEART IN CHILDREN.—DR. William Moore gives the following statement of the frequency of diseases of the heart in early life:—"Of 2,584 children treated at the Manchester Clinical Hospital, diseases of the heart and circulation occurred in sixteen. Among 411 patients treated in the Hospital for Sick Children, Great Ormond Street, London, only four, three females and one male, two under, and two above ten years, suffered from diseases of the heart; and of 9,867 cases, as externs, thirty-three instances of cardiac disease were observed, of which thirteen were females, and twenty males; three above, thirty under eleven years of age. Of 3,500 cases treated at the Institution for Diseases of Children, Pitt Street, there were only eight cases of chronic cardiac disease observed (congenital malformations excepted), four of which were females, and four were males, the females aged respectively five, seven, and fourteen years; the males six, eight, eleven, and fifteen years."

NEW METHODS OF CURING CATARACT.—MR. TRAVIGNOT, in a communication to the Academy of Sciences, proposes to cure cataract by puncturing the cornea at two opposite points of its circumference by needles, one of which is attached to the positive, and the other to the negative pole of a galvanic battery. The two needles are approximated on the surface of the anterior capsule, and brought to a white heat by means of the battery. The capsule is thus destroyed, and by a little manipulation, says Mr. T., the whole of the opaque lens can be charred and broken up.

This discreet proposition is rivalled by that of Dr. LANGENBECK, of Hanover, who has recently recommended what he calls *isolation* for the cure of cataract. This consists in the application of the concentrated rays of the sun to the lens, which is done by directing the focus of a burning-glass into the eye for several minutes, so that it falls exactly on the opaque lens. He repeats this operation three times within a quarter of an hour. He boasts of having cured nine cases by this plan.—*Amer. Jour. of Medical Science.*

Reports of Societies.

ACADEMY OF MEDICINE.

STATED MEETING, April 3, 1861.

JAMES ANDERSON, M.D., PRESIDENT, IN THE CHAIR.

THE ALKALOID OF CIMICIFUGA RACEMOSA.

DR. SAMUEL R. PERCY announced that he had extracted an alkaloid principle from the root of the *cimicifuga racemosa*, *actea racemosa*, *macrotys racemosa*, black snake root, black cohosh. He gave the name *cimicifugia* to the new alkaloid, and remarked as follows: The use of this root has been much revived of late by the successful results of some cases reported by Professor Simpson. A mere qualitative analysis only has been made of the root, but no quantitative examination has as yet been undertaken. Mr. Tighlman, of Philadelphia, states the results of his analysis to be—Gum, starch, sugar, wax, fatty matter, tannic acid, gallic acid, black coloring matter, green coloring matter, lignin, salts of potassium, calcium, magnesium, iron. I have endeavored to ascertain if it contained an alkaloid, and for this purpose treated a quantity of the root; but the results, owing to imperfect implements, were quite unsatisfactory. I, however, obtained a quantity of the freshly made macrotin, prepared by B. Keitt & Co., and from this have isolated a small amount of alkaloid principle. I separated it from the other precipitates by benzole—a suggestion to which I am indebted to George J. Scattergood, of Philadelphia, who called my attention to it as the easiest way by which he separated the alkaloid veratria from *veratrum viride*. The amount that I have prepared is as yet very small, amounting to less than three grains, but still it is sufficient to demonstrate the fact that the plant contains an alkaloid. I have not yet purified it; it is of a dark brown color, and therefore impure. Its physiological action I have not yet tried.

DISCUSSION ON THE TREATMENT OF MORBUS COXARIUS.

DR. ALFRED C. POST, in accordance with a request previously made, opened the discussion and remarked as follows:

I will occupy the time of the Academy but very briefly in speaking of the subject, to which our attention has been very prominently directed of late. Morbus coxarius is a disease which in some respects is well known to the medical profession; a disease of very frequent occurrence, and yet one which has in some very important respects been very much misunderstood; and it requires a large amount of investigation yet to make the members of our profession fully acquainted with all its characters. It is a disease, as is well known, which occurs for the most part in the earlier periods of life, at any time from the first dentition to the close of the period of adolescence; but it is comparatively rare in adult life. The disease involves the different parts of the hip-joint, especially the head of the os femoris and the acetabulum, sometimes extending to other parts somewhat remote from those primarily involved.

The pathology of the disease in its earliest stage is not well understood, for the reason that the case seldom proves fatal at that time; we are consequently to some extent obliged to conjecture upon the parts involved at this period. It has been supposed by some pathologists that the original cause of the disease was a deposition of tuberculous matter in the spongy tissue of the head of the femur and acetabulum. Some writers have gone so far as to represent that as the almost uniform condition. Others have regarded it as a disease of the synovial membrane and the articular cartilages. In the advanced stages of the disease, when the parts can be inspected in a post-mortem examination, we at all events find all the parts concerned in the articulation involved in the disease. It does not seem probable that in most cases the synovial membrane is primarily the seat of the disease, because we find that in other joints,

which are more superficial, and where the characters of the synovial membrane can be more distinctly recognised, a large effusion of fluid in the cavity of the joint is characteristic of the early stage of the malady. Again, we know in morbus coxarius that there is a period, sometimes of considerable duration, which precedes any remarkable effusion of fluid into the joint. Taking into consideration the age in which the disease usually occurs, the symptoms of the disease, and its further progress, I am inclined to think that in most cases the spongy tissue of the bones is the primary seat of the disease; although I believe that the disease may commence in other parts.

The disease presents itself, as is already understood, in three stages.

In the *first stage* we have a certain degree of lameness, attended with more or less pain, which is usually referred, not to the hip but to the knee. This pain varies greatly in different cases; in some it is slight, while in others it is very severe. In this early stage of the disease, which may be protracted to a considerable period, there is no deformity, no swelling, nor any visible change in the region of the hip-joint; nothing but the lameness and pain, which latter symptom occurs more frequently during the night than the day. We find also that even when no pain is complained of in the hip, but in the knee, the latter joint is not impaired in its motion. This, however, is not the case with the hip-joint, and furthermore the motion and pressure over the trochanter are not produced without pain. After it has continued in this stage a longer or shorter time, marked deformity occurs, characterizing the *second stage*, which is attended with effusion into the cavity of the joint, it may be synovial fluid, lymph, or pus. The pain, for the most part, is greatly aggravated, the limb is deformed, and its movements much impaired. The deformity which takes place consists in *apparent* elongation of the limb, owing to the twisting of the pelvis, which is done to accommodate the patient. On measurement of the two limbs there is little, if any, difference in the length. The limb is abducted as well as elongated. The joint seems often in this stage to be ankylosed; the rigidity, however, is the result simply of muscular contraction. The division of the muscles which surround the hip-joint, or the evacuation of the fluid contained in the capsule, will remove this rigidity, which seems to constitute the ankylosis. *Third stage*.—After the disease has passed this stage, if relief be not otherwise afforded, and the fluid either spontaneously or by art evacuated, the disease then reaches its third stage, in which there is another kind of deformity produced, differing in a very striking manner from that in the second stage. We find that the limb is shortened and inverted, instead of being elongated and abducted. We find the limb thrown in the same position as is seen in dislocation of the femur upon the dorsum illi. This change in the position of the limb, which attends the escape of the fluid from the joint, as is easily seen, is very apt to take place suddenly by an equally sudden outlet, and in many cases actual dislocation is supposed to have occurred. Nearly all the standard authors on surgery have spoken of dislocation as being one of the more common results of morbus coxarius reaching its third stage. Dr. March, of Albany, was the first to investigate this subject fully, and he has shown, by a very extended series of observations, that true dislocation, occurring as the result of morbus coxarius, is a very rare affection, and that it scarcely ever occurs. There is a sort of quasi-dislocation which does occur in a considerable number of cases. The acetabulum itself becomes increased in size; it extends itself upon the dorsum of the ilium, so that you have a very large articular cavity, and the head of the femur slips out of its original situation into this pouch; the whole being within the capsular ligament. The signs of this latter position are strikingly like those of true dislocation. In some of these cases where the head of the bone has undergone remarkable changes from caries, being altered in volume and shape, and when it is actually separated from the shaft, a great degree of shortening is apt to take place.

I will not dwell longer upon the pathology of this disease, but will go to the particular subject appointed for discussion this evening—the *treatment* of morbus coxarius. I have very little to say of the constitutional treatment. This is a subject which has largely engaged the attention of surgeons for many years. I will merely say, however, that whatever the constitutional treatment is, it must be adapted to the patient's state at the time. There is, in fact, no general rule to be laid down in this respect. In some cases a certain amount of local depletion is well borne, and mercurial and other cathartics are administered with benefit. In the advanced stages, however, we find the patient greatly reduced, requiring tonics, stimulants, and all the hygienic means at our command for increasing the constitutional vigor. Counter-irritants have been used to a large extent in the treatment of this disease; and while their efficacy has been highly extolled by some, they have been, at the same time, by others represented as useless, in fact as productive of harm. I think I have seen beneficial effects produced by the use of these means. I am not disposed, however, to attach much importance to that class of remedies, because I believe we have a more beautiful and satisfactory system of treatment in the shape of mechanical appliances.

I propose, then, to speak more particularly at the present time of the *mechanical treatment* of morbus coxarius. In looking over the standard works of surgery, of which I have consulted a considerable number, I find that nearly all the authors of these works ignore any mechanical treatment, except that which is designed to secure rest and immobility of the affected joint, and in certain cases of the disease in an advanced stage, to overcome deformity. Beyond this, scarcely anything is said until a very recent period. Nearly all the writers which I have consulted speak of the great importance of keeping the patient for a long time in the recumbent posture, with the joint and whole body in absolute repose. Dr. Gross, in his work on surgery, which has been published within a short time, ignores all that has been said with regard to mechanical treatment by extension and counter-extension, and speaks of the necessity of rest of the joint as a matter about which there should be no compromise between the patient and surgeon. Of course he attends to the constitutional treatment; but *absolute repose* he strenuously insists upon as constituting the treatment for this disease. Dr. Physick and those who have followed him have relied so entirely upon absolute immobility of the joint, the patient being maintained for a long time in a recumbent posture, that they have recommended carved splints to be adapted to the limb in its crooked and deformed position—*rest* being the object, and the only object, at which they aim.

The first intimation that I have seen of extension and counter-extension being resorted to as a curative means in morbus coxarius, was in a paper by Dr. William Harris of Philadelphia, which was published in one of the journals of that city in 1839; in which he speaks as having resorted to this practice as far back as in 1835. He records in that paper four cases of morbus coxarius, in three of which he resorted to extension; in two by such an apparatus as is used in the treatment of fractures of the thigh when in the straight position. These cases were all of great severity, and one in particular was regarded as utterly hopeless by some of the most eminent surgeons of Philadelphia. The child was four years of age, and was treated by Hagadorn's splint; and after a year was restored to an apparent state of health.

This treatment seems to have fallen very much into disuse, and we find little said of mechanical extension and counter-extension, as a means of curing morbus coxarius, after the publication of this paper, until after the lapse of a considerable number of years.

In 1835, Dr. March, of Albany, published a paper in the *Trans. Amer. Med. Assoc.*, in which he spoke of the advantages of the plan of extension for the purpose of overcoming the deformity which had been produced by morbus coxarius,

and afterwards keeping the limb extended by the application of the straight splint. His plan was to bring the patient under the influence of chloroform, then to make extension to remove deformity, to bring the limb in its proper place, and there secure it. He does not seem, if I rightly understand the paper, to recommend mechanical extension and counter-extension as a means of treatment until *deformity* has occurred; and he employs it only as a means of *overcoming that deformity*.

In the same year Dr. Bauer of Brooklyn published a paper in the *New York Journal of Medicine*, in which he speaks of the treatment of morbus coxarius by *extension*, and he is the first writer after Dr. Harris, as far as I am informed, who speaks of the beneficial effects of extension in other respects than in removing deformity. He speaks distinctly of the beneficial effects of extension in relieving pain, and in controlling the disease. His extension was made by an apparatus which required the patient to be confined to his bed, and, after a certain progress in the case, he applied the "wire breeches" contrived by Bonnet of Lyons, which enabled the patient to be carried out in the open air.

As long ago as 1850, Sir Benj. Brodie spoke of a means of treating morbus coxarius in an advanced stage, when shortening had taken place, by means of a cord attached to a band passing around the lower part of the thigh above the condyles. This passed over a pulley at the foot of the bed, and had a weight attached to it for the purpose of keeping up continuous extension. This is the first instance of the application of what Dr. Davis calls *elastic extension* in the treatment of this disease. It is a principle, however, that has been known in the treatment of other diseases than the one under consideration, previous to this time. This mode of treatment differs, as can easily be seen, from the inelastic force which is applied to the limb when the ordinary straight splint is used. Brodie did not recommend this as a mode of treatment adapted to the disease in its different stages, or as the ordinary mode of treatment, but as a means of overcoming deformity; that which consists in shortening in its third stage. He spoke of it as a remedy of some value, but one which had disappointed him in most cases. Sir Benj. Brodie of course was not acquainted at that time with the mode of applying force in the extension of the limbs which has since been introduced by the use of adhesive plaster, which has proved itself so much superior to all other methods. All other methods for making extension are very faulty compared with this, and I have very little doubt that the obstacles which Brodie encountered were in consequence of the want of means.

During the last year a paper appeared in the *American Medical Monthly*, by Dr. H. G. Davis, giving an account of a method of treating morbus coxarius, which he had been in the habit of using for several years past, and his method is undoubtedly a very great improvement upon all others which have preceded it. We have, in the method described by Dr. Davis, the first intimation of extension being carried out in the treatment of this disease, *through all its stages*, in a manner which was calculated to relieve the sufferings of the patient, to arrest the progress of the disease, and at the same time to allow active exercise in the open air. The method recommended by him consisted in the application, in the first instance, of the weight attached to the cord over the pulley, secured to the limb by adhesive plaster (an improvement in that respect to Brodie's plan), and instead of using it to prevent deformity simply, he employs it for taking off the pressure in all the stages of the disease. When the limb has been extended, and the disposition to muscular contraction has been overcome by being subjected to this treatment a longer or a shorter time, Dr. Davis applies a steel splint, adapted to the outer side of the limb, at the upper extremity of which counter-extension is made by means of two bands, one of which is elastic, and the other non-elastic, the former to yield to pressure while the latter limits the extent of stretching. At the lower extremity of this corrugated steel splint an

extending band of adhesive plaster is attached in such a manner that active extension can be made upon it by means of a strap that passes over the end of the splint, and is inserted into a buckle on its outside. There is no question, Mr. President, that Dr. Davis is entitled to the credit of having introduced this method of treatment to the profession. It is true, at different periods, some one of these means has been employed by different surgeons; extension and counter-extension have been known; even the elastic extension has been applied by Brodie, but the methodical application of the treatment is due to Dr. Davis, and were it not for him the profession would have known nothing about it.

Since it was introduced there have been some other modifications, some useful modifications of the instrument introduced by Dr. Sayre, who has made an extensive trial of this method of treatment, and who has rendered it by such modification more convenient of application, if not more efficient in its action.

There are several modifications by Dr. Davis. He has introduced another form of the instrument, in which the extension is made from above the knee, so as to obviate any traction upon the knee-joint, and to prevent that rigidity which often takes place in consequence of it. This method will probably answer in cases where there is sufficient length of limb to allow the straps to draw with sufficient force to produce extension. In very short limbs I am inclined to think that it will not succeed, and that the longer splint will be more efficacious. Dr. Davis has also modified his original instrument by introducing a mode of extension that is perhaps similar to that which has been introduced by Dr. Sayre, by turning with a key—the original method of extension, it will be remembered, is by means of a joint in the middle of the splint—the instrument applied in the flexed position when extension is made by straightening it out and slipping the slide over it.

I would observe that there is some obstacle to the free application of a contrivance of this kind upon poor patients, growing out of the expense of the instrument. A modification may be used which will obviate this objection to a great extent. A recent graduate of the University Medical College, Dr. Olcott, of Williamsburg, has made a wooden splint which is adapted to the outer side of the thigh, and extension is made by tightening a strap at its lower end. I saw but once the application of this wooden instrument, and the child to whom it was applied was able to walk about with much more ease than before its application.

Correspondence.

DANGEROUS IMPURITY OF CITRATE OF IRON.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Believing that the following case, which lately came under my observation, should be made known to the profession, in order that the fatal consequences that might result therefrom may be guarded against, permit me to publish it through your columns. The manner in which I propose treating the subject may appear rather prolix, but so many and so various questions have been addressed to me by those to whom it has been mentioned, that I think it well to give all the steps by which I arrived at my conclusion, that every physician and apothecary who wishes may examine for himself.

Having occasion to put up a prescription, in which the ammoniated citrate of iron and iodide of potassium were combined, I was surprised to find a yellow precipitate immediately formed. Fearing that I had committed an error, the prescription was again compounded, but with no better success. From this I concluded that some of the ingredients used must be impure, and suspected the iodide

of potassium, it being a new sample, and different from what I had been previously using. Another sample, similar to what I had been accustomed to, was procured, and the prescription again prepared. The precipitate again appeared, though not quite as copiously as before. The first specimen of iodide of potassium was then examined, and showed the presence of a minute quantity of iodate of potassa, giving a bluish tint *immediately* on the addition of a weak acid. This was the only impurity found, and was not sufficient to account for the reaction observed, though it might for the more copious precipitate noticed in the first case, that precipitate being probably a mixture of the iodate of iron with the precipitate, from the impurity now to be noticed.

The citrate of iron was then examined, and gave the following results: 1. The yellow precipitate, already noticed with iodide of potassium, which was found to be soluble in hydrochloric acid, and a solution of caustic potash. 2. With sulphuric acid it gave a white precipitate, soluble in hydrochloric acid and caustic potash. 3. The solution of the last precipitate in caustic potash gave a black precipitate with sulphuretted hydrogen. 4. Bichromate of potassa gave a yellow precipitate, soluble in caustic potash, hydrochloric and nitric acids.

These reactions point conclusively to lead as the impurity present. Being satisfied upon that point, I next proceeded to ascertain in what quantity this impurity existed, and decided upon the sulphate as the best salt of lead, by which to estimate the amount. One hundred grains of the citrate of iron were dissolved, and a precipitate procured with sulphuric acid. The result was so surprising, that I consider it necessary to state what precautions I took to arrive at a correct conclusion. The acid was chemically pure, being tested before being used, was largely diluted and added with the greatest care, so as to get exactly the right quantity. The precipitate from the above quantity weighed (the drying and weighing being repeated several times, to test its correctness) 13.86 grains.

Now, presuming that the condition in which this lead existed in its combination, or perhaps, more correctly, admixture with the salt of iron (for I must confess myself not sufficient of an adept to decide whether this should be considered as a bi-basic salt, a citrate of the oxides of iron and of lead, or a mixture of the two salts) was that of the citrate, a salt of lead of which I cannot recollect having ever seen any account, the calculation must be based upon the estimated equivalent of that salt, thus:

The equivalent of citrate of lead being . . . 276.6

" " sulphate " " . . . 151.6

and the weight of precipitate " " " . . . 13.86

we get thus 151.6 : 276.6 :: 13.86 : 25.25; the almost incredible proportion of 25½ per cent. of citrate of lead in this so-called "ammonia citrate of iron." Having thus carried my examination as far as was practically necessary, I reduced the sulphate to the metallic form, more as a matter of amusement than for the purpose of making "assurance doubly sure." From the above data, it will be seen that a physician ordering a patient five-grain doses of this citrate of iron three times a day, would have administered, in one fortnight, over sixty grains of citrate of lead. Comment is needless. That there is a considerable quantity of this now scattered over the country, I have no doubt; for having used up the small quantity I kept to experiment on, I sent, some two weeks subsequently, for some more of the same brand, in hopes of getting some of the same lot to keep as a specimen, and obtained some by the same manufacturer, though not of the same batch, it being much less soluble than the first; it also responded to the foregoing tests. From this it is evident that two batches, at least, have been thrown into market. As the tests above given are all exceedingly simple, and not expensive, every physician or druggist should examine what he may have on hand, or what he may buy for the future. The drug presents no unusual appearance, by which the impurity might be suspected. Now, to account

for this most dangerous adulteration is a matter of considerable interest. Intentional fraud can scarcely be suspected, since the relative value of the two metals would offer no inducement for such a sophistication. It is more probable that it resulted from the use of an impure sulphate of iron, as the source from whence the citrate was made. But how any manufacturing chemist could make use of such an impure article, as this view of the matter would presuppose, and be ignorant of that impurity, is a little surprising. Such ignorance of one's profession could scarcely be credited, and in a profession where life or death is so often involved, would be no less culpable than the fraudulent substitution of that very poisonous substance, lead, for the efficient remedy, iron. But, to decide the question of how this occurred could be better done by the manufacturer than by

Yours, etc.,

WM. LALOR.

941 BROADWAY, April, 1861.

PROFUSE SALIVATION FROM APPLICATION OF MERCURIAL OINTMENT TO FACE IN CONFLUENT SMALL-POX.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I wish to take this opportunity of reciting the following case in order to guard many of my professional brethren against a like result. I was called to attend a young woman at 361 Cherry street, on Feb. 15th, 1861. When I saw her the eruption was beginning to appear, and sufficient to show that she was about to have a severe attack of confluent small-pox. Having read in medical journals that mercurial ointment would prevent pitting, I ordered some to be applied to the face once daily from the second day of the eruption to the ninth. The fever ran high to the tenth or eleventh day, when it subsided a great deal. The scales formed in thick crusts, and she seemed to improve very quickly until the fifteenth day, when a most violent salivation set in. Tongue swelled and almost protruded, great difficulty in swallowing, and marked prostration. She, however, contrived to swallow some beef-tea, milk-punch, and three drams of chlorate of potash dissolved in a half pint of water daily; a leech was also applied to the angle of each jaw. By these means she fortunately recovered; she is this day, March 18, sitting up. I will not use the mercurial ointment again, particularly as the physician will obtain as much good from the application of other unctuous substances, as sweet oil, hog's lard, or fresh butter; these I have employed before, and they did as well as the ungt. hydr., for notwithstanding its application the woman will be pitted on the face. If this salivation had taken place in a child under ten years, I am satisfied that death would have ensued, because sufficient nutriment could not be given. This patient, on being told that her life depended on the quantity of nourishment taken, contrived to swallow a great deal of it, but with great pain and difficulty. Yours truly,

JOHN BURKE, M.D.

April 20, 1861.

REMEDY FOR HICCOUGH.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Having been called to attend a patient last week, then suffering from severe and continued hiccough, for which several remedies had been prescribed without effect, I ordered magisterium bismuthi, the French "Blanc de fard," on account of its anti-spasmodic effect in nervous affections, in the following manner: B. Magisterii bismuthi, grs. iij., pulv. radiceis ipecacuanhe, gr. iss., sacchar. alb. ʒj., misc. fiat pulvis. Take one powder every three hours. The following day I had the pleasure of finding that the hiccough had entirely ceased. A physician is rarely called on in cases of hiccough, but it may be perhaps interesting to your

readers to know the effect of said remedy, which effect I have witnessed once before in Philadelphia in a similar case.

Yours, &c.

D. J. LYSER, M.D.

BROOKLYN, April 22, 1861.

TITILLOPATHY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—A few years since a medical practitioner of our city acquired a celebrity for the treatment of a class of diseases peculiar to females. As his system was then unknown to others, patients came from afar, and with them came the golden opinions the doctor sought for, until in an evil hour the charm of secrecy was broken, and the doctor's occupation gone.

As his system was unlike all the other isms and pathies of the day, and being recognised as an *applied* science, it properly has been termed *TITILLOPATHY*, or the science of manipulation. The following case will serve briefly to elucidate its practice. To the suffering patient, after feeling the pulse, and receiving answers to the usual questions of the head, stomach, and bowels, the doctor would say—"Your case is a very simple one; you need none of the nauseous medicines with which your former doctor has gorged you—nothing but a gentle manipulation of the *clitorium*, and nature will resume her sway." Then placing the patient in a convenient position, with the index finger he dispelled the pain. The reader can anticipate the pernicious habits thus inaugurated by acts under the cloak of medical treatment.

But my purpose is more particularly to call attention to a present medical practice. And I am led to inquire of my brethren, through the medium of your journal, if the custom of prescribing smashes, juleps, and cocktails, under the guise of schnapps and elixirs, does not savor strongly of *Titillopathy*? Human nature is titillable through the palate and the imagination, as well as the *clitorium*, and I am convinced that to the palatable practice of *Titillopathy* may oftentimes be traced the morbid and uncontrollable desire for stimulants, with its fatal results, when the primary cause may only be known to the practitioner of this art.

My thoughts have been especially drawn to this subject by an incidental conversation with a neighboring apothecary, who in reply to the usual query, "Any new remedies?" "Oh, yes," said he, "and those that are likely to have a permanent hold upon the people, they are so palatable. The doctors who prescribe them have a rapidly increasing practice, and quite throw the Homœopaths into the shade, whose pellets are pronounced to be tasteless stuff as compared with the delightful elixirs of modern practice. They take wonderfully," said he, "with my customers. One lady received a prescription from her physician for a quantity to be taken in eight days. She returned in four days afterwards to order a pint of it, remarking that she found it to be also invigorating to her children; but she did not believe in the doctor's teaspoonful doses three times a day, for she now took it with decided benefit by the tablespoonful, as often as she felt a drooping sensation, and the children positively liked it." At my request the apothecary furnished me with the following formulæ for a few of the most popular new remedies:—

To form the basis for either of the elixirs—Take of brandy, sugar, and water, in proportions, to make a pleasant beverage: then it may be calisayed, peruvianated, tonicated, ferrated, ferruginated, ferro-phosphorated, chalybeated, calciferated, or alkalinated, by quinine, iron, lime, potassa or soda, taking care not to add sufficient of either to impair the pleasant taste of the elixir, otherwise it may not agree with the stomach of the patient.

Now, sirs, so far as the quantity administered of any of these agencies is concerned, is not the practice *Titillopathy*? It may be argued, and as readily admitted, that patients of a nervous temperament are often relieved by a titillation of

their imaginations; and without doubt these elixirs, minus the brandy, are well adapted for that purpose, as in equal quantities they will neither do harm by overdose nor entail fatal habits upon those who take them.

It is certainly desirable that medicine shall be presented to the sick in the most agreeable and palatable form that is consistent with its true purpose; but when the dose is made entirely subservient to the taste, Allopathy must certainly give way to Homœopathy and Titilopathy.

MEDICUS.

BROOKLYN, April, 1861.

FOREIGN CORRESPONDENCE.

[Letter from DAVID P. SMITH, M.D.]

EDINBURGH.

January 14th.—Mr. Syme exhibited to the class a case of double talipes equinus, congenital, child about two years of age. Both Achilles tendons were divided, the feet at once brought up to their proper position, and a rectangular anterior splint bound upon each limb. A case of double talipes varus was next brought in, and Mr. Syme divided first the tendon achillis and then the tibialis anticus, tibialis posticus, and flexor longus pollicis; dividing the two last just anterior to the malleolus so as to avoid the posterior tibial artery. A case of tumor in the lower jaw was next shown, solid, not malignant, but incurable except by operation, and slowly growing. By careful examination it was ascertained to be growing from the jaw-bone and not from the alveolus. In connexion with this case Mr. Syme mentioned the case of a young lady from whose lower jaw he removed a similar growth. Although he supposed he had removed all materies morbi, it returned. He again removed it, and it again returned, and it was not until he had disarticulated and removed one whole side of the lower jaw that the disease was permanently arrested. Thus a guarded prognosis must be given in these cases. He would make incisions along the base of the jaw, and avoid cutting through the lip. A man 48 years old was shown with disease of the knee-joint which had existed since he was 13 years of age. There was first necrosis of femur and extension of dead bone; then inflammation and thickening about the joint occurred, with discharge as from caries. After some time, however, discharge ceased, and sore healed up, and he was able to use the limb moderately for many years; but about six months, in consequence of a fall, the fistulous opening resumed discharging, and the knee became utterly useless and intolerably painful. Mr. Syme stated that if the discharge from the caries had remained from the first, and the chronic disease had continued for years without any intermission, he would not advise amputation, because his experience had taught him that a fatal result almost invariably followed under such circumstances. When, however, there was a distinct intermission in the disease, and a cessation of discharge, as in the case under notice, operation was legitimate. Indeed, he recently practised amputation in a similar case, complete recovery following.

Prof. Simpson lectured to-day upon polypi of the uterus. In remarking upon their differential diagnosis, he said that it was often very difficult for one to give the exact steps by which he arrived at a correct conclusion. It was important for the student to enter upon the investigation of a case with good common sense, remembering that his endeavor should and must be to ascertain upon the living what would be surely ascertained upon the dead.

The lecturer upon operative surgery to-day, in showing us the various amputations upon the cadaver, said that before the days of chloroform a surgeon, now retired, while amputating a leg in the Royal Infirmary, in fashioning the posterior flap, ran his knife between instead of behind the tibia and fibula, and wedging it there, irritated the patient so much, both mentally and corporeally, by his mal-adroitness, as to cause a perfect shower of objurgations and cursory remarks, more emphatic than pleasant.

January 15th.—Prof. Simpson gave the following table of measurements, affording warrant for the various methods of delivery:

Forceps,	3½ inches conjugate diameter.
Embryulicia,	1½ to 3½ " "
Cæsarian section, . .	1½ " "
Premature labor, . . .	2½ to 3½ " "

Dr. Keiller gave an excellent lecture upon diseases of women. He mentioned two cases in his wards where premature labor had been induced; in one, in consequence of paralysis, in the other of phthisis, because great dyspnoea supervened. In each case labor was readily brought on by two introductions of the finger, and the peeling up of the membranes.

Medical News.

ARMY MEDICAL INTELLIGENCE.

The following are the medical officers of the volunteer regiments summoned to the aid of the United States Government:—

MASSACHUSETTS.—Eighth Regiment—Surgeon, Norman Smith; Assistant Surgeon, ——. Rifle Battalion—Surgeon, —.

RHODE ISLAND.—First Regiment—Surgeon, Wheaton; Assistant Surgeons, Rivers and Carr.

NEW YORK.—Seventh Regiment—Surgeon, T. M. Cheeseman; Surgeon's Mate, J. C. Dalton, Jr.

Seventy-first Regiment—Surgeon, —; Assistant Surgeon, John P. Dodge.

Twelfth Regiment—Surgeon, A. Henry Thurston; Surgeon's Mate, R. F. Weir.

United States National Guard, First Regiment New York Zouaves—Surgeon, C. A. De Williers; Surgeon's Mate, J. W. S. Gouley.

Sixth Regiment—Surgeon, William J. McDermott; Surgeon's Mate, Samuel J. Vandersmith.

Sixty-ninth Regiment—Surgeon, Robert Johnson; Assistant Surgeons, J. F. Kiernan, Patrick Nolan.

Eighth Regiment—Surgeon, Foster Swift.

Thirteenth Regiment—Surgeon, Chase; Assistant Surgeon, Allingham.

Seventh Regiment, Reinforcement—Samuel Burnett Tutthill, Assistant Surgeon.

The New York State Medical Society having appointed eight Delegates to attend the meeting of the Connecticut Medical Society, and the President of the latter Society having signified, by letter to the President of the New York Academy of Medicine, that it would be highly agreeable to the Connecticut State Society, to receive a delegation from the New York Academy of Medicine, the Council, by a vote of the Academy, have appointed as such delegation, Drs. H. D. BULKLEY, J. G. ADAMS, J. LINSLEY, E. L. BEADLE, and S. T. HUBBARD. The meeting will be held on the fourth Wednesday in May.

TREATMENT OF TINEA BY CARBONATE OF COPPER.—Dr. Huet, physician to a large establishment for the reception of young criminals, many of whom, upon their admission, are found to be suffering from tinea favosa, has made an extensive trial of this plan of treatment, respecting which he reports very favorably. The head is to be thoroughly cleansed by means of cataplasms, and the hair to be shaved off; after the crusts have been entirely removed, the carbonate of copper is to be applied in the form of an ointment, consisting of one part of the carbonate of copper, and fifty parts of purified lard. It is occasionally requisite to suspend the application of the ointment, and to make use of the poultices for a few days before resuming its employment.—(*Répertoire de Pharm.*)

COMMUNICATIONS have been received from:—

Indiana—Dr. J. A. WILLIAMS. Louisiana—Dr. W. BODENHAMER.
New York—Dr. J. T. SKINNER, W. B. CASEY, C. L. HOGEBROOM, D. F.
VAN AKEN, L. B. COTES, J. G. FISHER, M. C. NORTHRUP. Ohio—Dr.
J. M. MCCOY. Pennsylvania—Dr. A. H. SMITH, E. P. ALLEN. Vir-
ginia—Dr. J. E. REEVES. Vermont—Dr. A. B. BRADLEY, G. W.
TOLIN. Wisconsin—Dr. B. F. DODSON.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY
AND COUNTY OF NEW YORK.

From the 15th day of April to the 22nd day of April, 1861.

Abstract of the Official Report.

Deaths.—Men, 91; women, 84; boys, 127; girls, 116—total, 418. Adults, 175; children, 243; males, 218; females, 200; colored, 3. Infants under two years of age, 153. Among the causes of death we notice:—Infantile convulsions, 26; croup, 9; diphtheria, 13; scarlet fever, 36; typhus and typhoid fevers, 4; consumption, 54; small-pox, 10; dropsy of head, 16; infantile marasmus, 17; puerperal fever, 4; inflammation of brain, 9; of lungs, 32; bronchitis, 13; congestion of brain, 10; of lungs, 5; erysipelas, 2; whooping cough, 4; measles, 18. 244 deaths occurred from acute disease, and 14 from violent causes. 252 were native, and 136 foreign; of whom 75 came from Ireland; 6 died in the Immigrant Institution, and 59 in the City Charities; of whom 17 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market building, No. 57 Essex street, New York.

April 1861.	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
14th	29.60	.10	58	50	66	7	11	S.W.	2	
15th	29.50	.20	48	43	54	5	10	"	5	
16th	29.50	.50	44	42	46	1	1	N.E.	10	3.7
17th	29.30	.50	43	40	50	4	7	W.	8	
18th	29.50	.20	48	43	54	6	9	"	5	
19th	29.50	.05	49	44	54	7	10	"	5	.06
20th	29.80	.30	49	44	54	9	12	"	2	

REMARKS.—14th, Hard rain early A.M.; 15th, Rain P.M., variable sky during the day; 16th, Variable wind during the day, very hard rain storms early A.M., and late P.M.; 17th, Heavy rain storm early morn.; 18th, Clear A.M.; wind fresh; very light rain P.M.; 19th, Weather variable; 20th, Wind fresh A.M.; calm P.M.

MEDICAL DIARY OF THE WEEK.

Monday, April 29.	NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M.	
	EYE INFIRMARY, Diseases of Eye, 12 M.	
Tuesday, April 30.	BELLEVUE HOSPITAL, Dr. Clark, half-past 1 P.M.	
	NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M.	
Wednesday, May 1.	EYE INFIRMARY, Diseases of Eye, 12 M.	
	OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.	
Thursday, May 2.	ISLAND HOSPITAL, Dr. Sayre, 1 P.M.	
	EYE INFIRMARY, Operations, 12 M.	
Friday, May 3.	NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M.	
	BELLEVUE HOSPITAL, Dr. Stephen Smith, half-past 1 P.M.	
Saturday, May 4.	ACADEMY OF MEDICINE, 8 P.M.	
	OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.	
Sunday, May 5.	NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M.	
	BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M.	
Monday, May 6.	NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M.	
	EYE INFIRMARY, Diseases of Eye, 12 M.	
Tuesday, May 7.	BELLEVUE HOSPITAL, Dr. Macready, half-past 1 P.M.	
	BELLEVUE HOSPITAL, Dr. Gouley, half-past 1 P.M.	
Wednesday, May 8.	OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.	
	NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M.	
Thursday, May 9.	EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Carnochan, 8 P.M.	
	EYE INFIRMARY, Diseases of Eye, 12 M.	

SPECIAL NOTICES.

ACADEMY OF MEDICINE.—At the next meeting, May 1, the discussion on "*Morbus Coxarius*" will be resumed: after which, Dr. J. R. WOOD will read a paper on *Necrosis and Reproduction of Bone*, illustrated by Cases.

A *Systematic Course of Practical Instruction in Hospital Hygiene and Nursing* will be commenced at the *Philosophical Rooms*, in the *Cooper Institute*, Astor Place, under the direction of a *Central Committee of Ladies and Physicians*. Dr. E. HARRIS and a *Committee of Ladies* will meet the *volunteer Female Nurses at the Rooms*, over the *School of Design*, in the *Cooper Institute*, at 3 P. M. daily.

The *Registration of Nurses* will be continued daily.

By order of the Trustees of the "*Cooper Union*," the *Philosophical Rooms and Chapel of the Institute* having been devoted to the use of *Volunteer Nurses and their instructors*, all *Physicians and Committees* are invited to communicate and co-operate with the *Committee in attendance at those Rooms*.

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The first part of the Bulletin contains New Books and Periodical Publications, with the publishers' names, price, &c.

The second part contains a list of Old and Modern Books published in France or elsewhere, classified according to subjects, and priced. It will be a list and description of the best works, all of which are to be found at the store of Messrs. J. B. BAILLIÈRE ET FILS.

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do Carbonate of Iron.
do Citrate of Iron and of Quinine.
do Lactate of Iron.
do Iron reduced to Hydrogen.
do Official Chalk without odor.
do Dragees of Lactate of Iron.
do Ferruginous of Nancy for Rusty Water.
do Lozenges of Citrate of Iron.
do of Lactate of Iron.
do Saccharine of Citrate of Iron for Rusty Water.
do Syrup of Citrate of Iron.
do Syrup of Iodide of Iron.
do Poor Man's Plaster.
BERTHE—Cod Liver Oil.
do Syrup of Codine.
BILLARD—Creosote.
BLANCARD—Pills of Iodide of Iron.
do Syrup do do.
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BOFOT—Tooth Water.
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BOUDAUT—Anti-Dyspeptic Pepsine.
do Additional Pepsine.
BOUYEAU—Rob Boyveau Laffecteur.
BRIANT—Syrup Antiphlogistic.
BROU—Injection.
BUGEAUD—Balm for the Nerves.
CASHOOF of Bologne.
CAUVIN—Digestive Pills.
CHABLE—Injection.
do Syrup of Citrate of Iron.
do Depuratif Vegetal.
do Mineral Bath.
do Perfumed Bath.
do Toilet Water for Ladies.
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